MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02995

# CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda, Rural; LENGTH OF STAY (in this place) 8mo 18days; HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Manassas; STREET ADDRESS (If rural, give location) P.O. Box 308

3. NAME OF DECEASED (Type or Print): (First) George (Middle) LeCount (Last) ALEXANDER

4. DATE OF DEATH: (Month) March, (Day) 27, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Negroid

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 11-20-20

9. AGE last birthday: 29 yrs. If under 1 year: Months 04 Days 07 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown Stonemason

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Manassas, Virginia

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Willis Alexander

14. MOTHER'S MAIDEN NAME: Cecie Alexander

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) WWII

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Self on admission

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Respiratory failure | 1 wk. |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Lympho-epithelioma, nasopharynx | 10 mos. |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes XX No ☐

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9, July, 1949, to 27, March, 1950, that I last saw the deceased alive on 27 March 1950 and that death occurred at 11:40A m., from the causes and on the date stated above.

SIGNATURE A.J. DELANEY (Degree or title) Captain, MC, USN ADDRESS U.S.Naval Hospital, Bethesda, Md. DATE SIGNED 3/29/50

23. BURIAL, CREMATION REMOVAL (Specify) Removal

DATE 3-28-50

NAME OF CEMETERY OR CREMATORY Rose Hill

LOCATION (City, town, or county) Manassas, Virginia (State)

DATE REC'D BY LOCAL REG. 3/29/50

REGISTRAR'S SIGNATURE Elizabeth Willett

24. FUNERAL DIRECTOR Baker Funeral Home, Manassas, Va. ADDRESS

30609 N. E. H.

RECEIVED
MAR 30 1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

02995

Reg. Dist. No. 214

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hillandale Sil Spg
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hillandale Sil. Spg
STREET ADDRESS (If rural, give location): Manta Drive

3. NAME OF DECEASED (Type or Print): (First) HANNAH (Middle) (Last) ARONSON

4. DATE OF DEATH: (Month) March (Day) 20 (Year) 1950

5. SEX: female. | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): | 8. DATE OF BIRTH: 3-23-1888 | 9. AGE last birthday: 61 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): England | 12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Samuel Meachem

14. MOTHER'S MAIDEN NAME: Mary Lewis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY No.: —

17. INFORMANT AND ADDRESS: Viola Stargel Daughter — Manta Drive Sil Spg

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1562 Immediate cause (a) Terminal carcinomatosis — Interval Between Onset and Death: 5 weeks

Antecedent cause(s)
467 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Carcinoma of gall bladder and liver — 6 months.
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Nov 1, 1950 | 19b. MAJOR FINDINGS OF OPERATION: Carcinoma of gall bladder & liver | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): none | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1950, to March 3, 1950, that I last saw the deceased alive on March 20, 1950, and that death occurred at 7.50 A.M., from the causes and on the date stated above.

SIGNATURE: James H Scully (Degree or title) M.D. | ADDRESS: 1835 Eye St NW Washington D.C. | DATE SIGNED: 3-20-50

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE: 3-21-50 | NAME OF CEMETERY OR CREMATORY: Minneapolis Minn | LOCATION (City, town, or county) (State): Minneapolis Minn

DATE REC'D BY LOCAL REG.: March 21, 1950 | REGISTRAR'S SIGNATURE: Frances Potter | 24. FUNERAL DIRECTOR: Deal Funeral Home | ADDRESS: 4812 Ga Ave NW Wash DC

RECEIVED
MAR 23 1950
BUREAU

02997

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 214

| | |
|---|---|
| 1. PLACE OF DEATH- COUNTY: Montgomery MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED- STATE: Maryland COUNTY: Montgomery |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Garrett Park — LENGTH OF STAY (In this place) | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Garrett Park |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS: 114 Kenilworth Ave. | STREET ADDRESS (If rural give location): 114 Kenilworth Ave. |

| | | | | | |
|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) (First) WILLIAM (Middle) (Last) BAHRET, SR. | | | 4. DATE OF DEATH (Month) March (Day) 4 (Year) 1950 | | |
| 5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow | 8. DATE OF BIRTH: Sept. 8, 1876 | 9. AGE last birthday: 73 yrs. | If under 1 year: Months / Days; If under 24 hrs.: Hours / Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Landscaper | 10b. KIND OF BUSINESS OR INDUSTRY: Self. | | 11. BIRTHPLACE (State or foreign country): Germany | | 12. CITIZEN OF WHAT COUNTRY? |
| 13. FATHER'S NAME: Gotleib Bahret | | | 14. MOTHER'S MAIDEN NAME: Christiane Kies | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY No. | | 17. INFORMANT: Mr. William Bahret, Jr. - son | | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Coronary Thrombosis | Sudden |
| 420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Generalized arteriosclerosis. | 10 yrs |
| 94a | (c) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| | | |
|---|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐ |
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) | |
| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from June, 1942, to March 4, 1950, that I last saw the deceased alive on 3-4, 1950, and that death occurred at 5:58 Am m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| Kenneth B. Laughlin | Md. | 8252 Georgia Ave Silver Spring | Md 3-4-50 |

| | | | |
|---|---|---|---|
| 23. BURIAL, CREMATION REMOVAL (Specify): Trans. & Burial | DATE THEREOF: 3/6/50 | NAME OF CEMETERY OR CREMATORY: Highlands Cemetery | LOCATION (City, town, or county) (State): Highland Mills, Orange, N. Y. |
| DATE REC'D BY LOCAL REG.: Mar 6/50 | REGISTRAR'S SIGNATURE: Frances Potter | 24. FUNERAL DIRECTOR: Warner E. Pumphrey, Inc. | ADDRESS: Silver Spring, Md. |

90400

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 9 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

02998

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 9317 Walden Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
STREET ADDRESS (If rural, give location): 9317 Walden Road

3. NAME OF DECEASED (Type or Print): (First) HELEN (Middle) MARIE (Last) BARKER

4. DATE OF DEATH: (Month) March (Day) 10 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: April 18, 1902

9. AGE last birthday: 47 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): New Jersey

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Scavellie

14. MOTHER'S MAIDEN NAME: Ellen Cooney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Mr, Wm. Henry Barker - husband

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

420.1 **Immediate cause** (a) Coronary occlusion — Several days

94a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): Frank J. Brosstrat M.D. — ADDRESS: Gaithersburg md — DATE SIGNED: 3-10-50

23. BURIAL, CREMATION, REMOVAL (Specify): Trans. & Burial — DATE THEREOF: 3/11/50 — NAME OF CEMETERY OR CREMATORY: St. Mary's Cemetery — LOCATION (City, town, or county) (State): Dover, Morris County, N. J.

DATE REC'D BY LOCAL REG.: 3/13/50 — REGISTRAR'S SIGNATURE: Frances Potter

24. FUNERAL DIRECTOR: Warner E. Pumphrey, Inc. — ADDRESS: Silver Spring, Md.

RECEIVED
MAR 16 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02999

# CERTIFICATE OF DEATH

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: MONTGOMERY — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: KENSINGTON — LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 37 DECATUR ST.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. — COUNTY: MONT'GY.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: KENSINGTON
STREET ADDRESS (If rural give location): 37 DECATUR ST.

3. NAME OF DECEASED (Type or Print): (First) KATHERINE (Middle) LIST. (Last) BARNETT

4. DATE OF DEATH: (Month) MAR. (Day) 24, (Year) 1950

5. SEX: F

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED

8. DATE OF BIRTH: AUG 21, 1867.

9. AGE last birthday: 82 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME

11. BIRTHPLACE (State or foreign country): VENICE, OHIO

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: JOSEPH LIST

14. MOTHER'S MAIDEN NAME: ELIZABETH RHEINSTEIN.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO — (If year, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT: MR. WILLIAM D. McKNIGHT.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| 420.1 Immediate cause | (a) Myocardial infarction | 5 days |
| 93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Coronary arteriosclerosis | 10 yrs. |
| | (c) Hypertensive Cardiovascular disease | 20 yrs. |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1950, to March 24, 1950, that I last saw the deceased alive on March 22, 1950, and that death occurred at 1:30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Charles T. Carroll M.D. — ADDRESS: Charles T. Carroll, M.D. 6001 - 6th St., N.W., Wash., D.C. — DATE SIGNED: 3/24/50

23. BURIAL, CREMATION, REMOVAL (Specify): CREMATION — DATE: Mar 27 1950 — NAME OF CEMETERY OR CREMATORY: CEDAR HILL CEMETERY — LOCATION (City, town, or county) (State): SUITLAND, PR. GEO CO., Md.

DATE REC'D BY LOCAL REG.: mar 24/50 — REGISTRAR'S SIGNATURE: Frances Potter — 24. FUNERAL DIRECTOR AND ADDRESS: J. ARTHUR WALTERS, 257 CARROLL ST. N.W., TAKOMA PARK 12, D.C.

VS. A15

RECEIVED
MAR 27 1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

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# CERTIFICATE OF DEATH

Reg. Dist. No. 214

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MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY: Montgomery; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS: 305 Dearborn Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring; STREET ADDRESS (If rural give location): 305 Dearborn Avenue

3. NAME OF DECEASED (Type or Print): (First) ANNIE (Middle) F. (Last) BEATTIE

4. DATE OF DEATH: (Month) March (Day) 6 (Year) 1950

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Jan. 8, 1860

9. AGE last birthday: 90 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Scotland

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Thomas Forbes

14. MOTHER'S MAIDEN NAME: Beatrice Gray

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no / no

16. SOCIAL SECURITY NO.:

17. INFORMANT: Helen B. Slater- daughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac Insufficiency — Interval Between Onset and Death: 5 days

420.0

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arterio-Sclerotic Heart Disease

93d

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): no

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/10, 1947, to 3/6, 1950, that I last saw the deceased alive on 3/5, 1950, and that death occurred at 9:00 A.m., from the causes and on the date stated above.

SIGNATURE: Merritt B. Cross (Degree or title) M.D. ADDRESS 8248 Georgia Ave. Silver Spring, Md. DATE SIGNED 3/6/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: March 9, 1950

NAME OF CEMETERY OR CREMATORY: Fort Lincoln Cemetery

LOCATION (City, town, or county) (State): Prince George County, Md.

DATE REC'D BY LOCAL REG.: Mar 9/50

REGISTRAR'S SIGNATURE: Frances Potter

24. FUNERAL DIRECTOR ADDRESS: Warner E. Pumphrey, Inc. Silver Spring, Md.

VS. A15

RECEIVED
MAR 13 1950
BUREAU V. S.

Evidence for change of age shown on:

FILM No. G 125 APR 3 1950

03001

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery Co MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colesville Md
LENGTH OF STAY (in this place) 4 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Jolliffe Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington D C.
STREET ADDRESS (If rural, give location) 2234 - Nichols Ave S E

3. NAME OF DECEASED (Type or Print) (First) Cornelia (Middle) I. (Last) Beers

4. DATE OF DEATH (Month) Mar (Day) 24 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 5/27/1854
9. AGE last birthday 95 96 yrs. If under 1 year: Months Days If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House keeper none
10b. KIND OF BUSINESS OR INDUSTRY Family
11. BIRTHPLACE (State or foreign country) Washington D C
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME B. F. Beers
14. MOTHER'S MAIDEN NAME Susan ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Effie V. Beall

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| 492 X Immediate cause | (a) Acute Congestive Heart Dis. | 30 hrs |
| Antecedent cause(s) | | |
| 95 C Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Virus Pneumonia | 18 days |
| | II (c) Myocardial Disease | years |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-7, 1948, to 3-24, 1950, that I last saw the deceased alive on 3-24, 1950, and that death occurred at 8 P m., from the causes and on the date stated above.

SIGNATURE John S. Rogers (Degree or title) Md
ADDRESS 1009 Seminary Rd Silver Spring Md
DATE SIGNED 3-24-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE March 27-50
NAME OF CEMETERY OR CREMATORY Congressional Cemetery
LOCATION (City, town, or county) Washington D C (State)

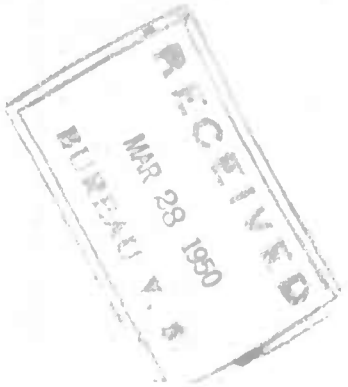
DATE REC'D BY LOCAL REG. 3/27/50
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR Simmons Bros. 2007 - Nichols Ave S.E.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I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MAR 28 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03002

# CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

**1. PLACE OF DEATH**
COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
LENGTH OF STAY (in this place): 5 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

**2. USUAL RESIDENCE (HOME) OF DECEASED**
STATE: District of Columbia — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 4801 Nebraska Avenue

| 3. NAME OF DECEASED (Type or Print) | (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) (Day) (Year) |
|---|---|---|---|---|
| | William | Augustus | CABLE | March, 10, 1950 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Male | White | Married | 7-19-1867 | 82 yrs. | 07 | 21 | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Lieutenant Retired | U.S Navy | New York | US |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Harvey Cable | Hannah Parse |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS |
|---|---|---|---|
| Yes | SA | | Wife: Eva Cable, same as item #2 |

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

**Immediate cause** (a) Arteriosclerotic Heart disease & myocardial failure — 420.0

**Antecedent cause(s)**

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b) Arteriosclerosis, Generalized — 51b

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| 11-8-1948 | Carcinoma of prostate | Yes XXX No ☐ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| m. | | |

22. I hereby certify that I attended the deceased from 10, March, 19 50 to 10, March, 19 50, that I last saw the deceased alive on 10, March, 19 50, and that death occurred at 435 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS — DATE SIGNED

R. J. McCarthy LTJG, USN, U.S. Naval Hospital, Bethesda, Md — 3/14/50

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 3-14-50 | Arlington National | Arlington, Virginia |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR — ADDRESS |
|---|---|---|
| 3/15/50 | Elizabeth Willett | S.H. HINES, 2901 14th St, NW, Washington, D.C. |

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RECEIVED
MAR 15 1950
BUREAU V. S

03003

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 214

| | |
|---|---|
| 1. PLACE OF DEATH: COUNTY Montgomery MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring — LENGTH OF STAY (in this place) | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS 834 Sligo Avenue | STREET ADDRESS (If rural, give location) 834 Sligo Avenue |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) | (First) WILLIAM | (Middle) FRANCIS | (Last) CARLIN | 4. DATE OF DEATH | (Month) March | (Day) 11 | (Year) 1950 |
| 5. SEX Male | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married | 8. DATE OF BIRTH March 13, 1890 | 9. AGE last birthday 59 yrs. | If under 1 year Months. Days | If under 24 hrs. Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Real Estate & Insurance | 10b. KIND OF BUSINESS OR INDUSTRY Self Real Estate | 11. BIRTHPLACE (State or foreign country) Mass. | 12. CITIZEN OF WHAT COUNTRY? | | | | |
| 13. FATHER'S NAME Charles Carlin | 14. MOTHER'S MAIDEN NAME Hanna Sullivan | | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) WW 1 | 16. SOCIAL SECURITY No. no | 17. INFORMANT AND ADDRESS Wife: Mrs. Helen F. Carlin, 834 Sligo Ave., S.S. Md | | | | | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

501 Immediate cause (a) Coronary Thrombosis. (Left side) — Sudden

Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Virus Bronchitis — 3 wks

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| | | |
|---|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐ |
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) — | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE) |
| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from June 14, 1948, to 3-11, 1950, that I last saw the deceased alive on 3-11-, 1950, and that death occurred at 4:58 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Kenneth B. Laughlin Th.W. 8252 Georgia Ave Silver Spring Md 3/11/50

| | | | |
|---|---|---|---|
| 23. BURIAL, CREMATION REMOVAL (Specify) Trans. & Burial | DATE 3/12/50 | NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery | LOCATION (City, town, or county) (State) Peabody, Essex Co., Mass. |
| DATE REC'D BY LOCAL REG. 3/13/50 | REGISTRAR'S SIGNATURE Frances Potter | 24. FUNERAL DIRECTOR Warner E. Pumphrey, Jr. | ADDRESS Silver Spring, Md. |

27681

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

RECEIVED
MAR 16 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03004

# CERTIFICATE OF DEATH

Reg. Dist. No. 2 / 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH · COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Derwood
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Derwood
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) Mamie (Middle) (Last) Carter

4. DATE OF DEATH: (Month) Mar. (Day) 1 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Aug. 19, 1896

9. AGE last birthday: 53 yrs. If under 1 year: Months 6 Days 12 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Brigham

14. MOTHER'S MAIDEN NAME: Annie Crown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT: Edward A. Carter - Husband

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

260 / 61

Immediate cause (a) Gangrene of left foot — 2 months

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Diabetes mellitus — 10 years

(c) —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None (Month) (Day) (Year)

19b. MAJOR FINDINGS OF OPERATION: (Right leg amputated several years ago.)

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from about 1, 1949, to March 1, 1950, that I last saw the deceased alive on Feb. 28, 1950, and that death occurred at 9 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Wm. A. Linthicum, M.D. Rockville, Md. 3/1/50.

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Mar. 4, 1950 — NAME OF CEMETERY OR CREMATORY: Derwood Cemetery — LOCATION (City, town, or county) (State): Derwood Md.

DATE REC'D BY LOCAL REG. 3/3/50 — REGISTRAR'S SIGNATURE: Louise B. Humphreys

24. FUNERAL DIRECTOR — ADDRESS: Bethesda, Md. / Rockville, Md.

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1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03005

# CERTIFICATE OF DEATH

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Montgomery; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park
LENGTH OF STAY (in this place): 89 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington Sant Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: District of Columbia; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 1440 Locust Rd. N.W.

3. NAME OF DECEASED (Type or Print): (First) Anna (Middle) Ladd (Last) Chapin

4. DATE OF DEATH: (Month) 3 (Day) 18 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 3-22-1863

9. AGE last birthday: 86 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hswf

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Vermont

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Everett Ladd

14. MOTHER'S MAIDEN NAME: Mary Ann Atwood

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: chart

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Intestinal obstruction | 4 days |
| 171 X Antecedent cause(s) | | |
| 48a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) metastastic Carcinomin | about 1½ yrs. |
| | (c) Carcinoma of Cervix | about 3½ yrs |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1.0/6, 1949, to 3/18, 1950, that I last saw the deceased alive on 3/18, 1950, and that death occurred at 4:55 P m., from the causes and on the date stated above.

SIGNATURE: Benjamin Isaacson (Degree or title) M.D. ADDRESS: 7596 Georgia ave. Silver Spring, md DATE SIGNED: 3/18/50

23. BURIAL CREMATION REMOVAL (Specify) DATE 3/21/50 NAME OF CEMETERY OR CREMATORY Ft Lincoln Cem LOCATION (City, town, or county) Ft. Dreger (State) Md

DATE REC'D BY LOCAL REG. 3/18/50 REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR: The S. H. Hines Co. ADDRESS: 2901 14th St. N.W. Wash. D.C.

RECEIVED
MAR 21 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03006

# CERTIFICATE OF DEATH

Reg. Dist. No. 217

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sandy Spring | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Meeting House Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SANDY SPRING
STREET ADDRESS (If rural give location) Meeting House Lane

3. NAME OF DECEASED (Type or Print): (First) Dora (Middle) Bradshaw (Last) Clark.

4. DATE OF DEATH: (Month) 3 (Day) 13 (Year) 1950

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: 10/27/1872

9. AGE last birthday: 77 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James Madison Bradshaw

14. MOTHER'S MAIDEN NAME: Genieva Babb.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Husband Lindley D. Clark.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|---|
| 443 | Immediate cause | (a) Encephalomalacia | 2 wk. |
| 932 | Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Hypertensive Cardiovascular Disease | yrs |
| | | (c) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov, 1947, to 3/13, 1950, that I last saw the deceased alive on 3/12, 1950, and that death occurred at 7:50 p.m., from the causes and on the date stated above.

SIGNATURE C. Thayer (Degree or title) MD ADDRESS Sandy Spring, Md. DATE SIGNED 3/13/50

23. BURIAL, CREMATION / REMOVAL (Specify) Cremation | DATE THEREOF March 13, 1950 | NAME OF CEMETERY OR CREMATORY Ft. Lincoln Cemetery | LOCATION (City, town, or county) (State) Prince Geo. Co., Md

DATE REC'D BY LOCAL REG. 3-13-50 | REGISTRAR'S SIGNATURE Gertrude B Fawler | 24. FUNERAL DIRECTOR ADDRESS Warner C. Humphrey Inc Silver Spring, Md

VS. A15

RECEIVED
MAR 16 1950
BUREAU V. S

03007

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BETHESDA
LENGTH OF STAY (in this place) 10 hrs 50 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS SUBURBAN HOSPITAL 8600 OLD GEORGETOWN ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) C. (Last) Connelly
4. DATE OF DEATH (Month) 3 (Day) 12 (Year) 1950
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH April 15 1883
9. AGE last birthday 66 yrs. If under 1 year: Months 10 Days 27 If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Poolesville Md.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Thomas Bool
14. MOTHER'S MAIDEN NAME Mary Cooley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Ruth Beall - 4816 No. Lane Bethesda Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|---|
| 260X | Immediate cause | (a) Diabetic Coma | 30 Hours |
| | Antecedent cause(s) | Diabetes Mellitus | unknown |
| 61 | Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) | |
| | | (c) | |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. arterio-Sclerotic Heart Disease — unknown

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/5, 1950, to 3/12, 1950, that I last saw the deceased alive on 3/12, 1950, and that death occurred at 11:50 P.m., from the causes and on the date stated above.

SIGNATURE Meritt M. Cross (Degree or title) M.D. ADDRESS 8248 Georgia ave. Silver Spring Md DATE SIGNED 3/13/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 3/16/50
NAME OF CEMETERY OR CREMATORY Ft. Lincoln
LOCATION (City, town, or county) (State) Prince George, Maryland
DATE REC'D BY LOCAL REG. 3-13-50
REGISTRAR'S SIGNATURE Helen Kurvach Jr.
24. FUNERAL DIRECTOR Robert A. Humphrey ADDRESS Bethesda, Maryland

52086

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 16 1980

03008

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 215

| | |
|---|---|
| 1. PLACE OF DEATH COUNTY: Montgomery MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED STATE: District of Columbia COUNTY |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural — LENGTH OF STAY (in this place): 3mo 13 days | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S.Naval Hospital | STREET ADDRESS (If rural, give location): 1922 8th Street, NW |

| | | | | | |
|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) | (First) Fred | (Middle) (n) | (Last) COOK | 4. DATE OF DEATH | (Month) MARCH (Day) 2, (Year) 1950 19 |
| 5. SEX: Male | 6. COLOR OR RACE: Negro | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married | 8. DATE OF BIRTH: 4-21-87 | 9. AGE last birthday: 62 yrs. | If under 1 year: Months 10, Days 11; If under 24 hrs.: Hours, Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Guard | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country): Collinston, Louisiana | 12. CITIZEN OF WHAT COUNTRY? U.S. | |
| 13. FATHER'S NAME: Archibald Cook | | | 14. MOTHER'S MAIDEN NAME: Lezzie McLain | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If year, give war or dates of service): WWI | 16. SOCIAL SECURITY NO. | | 17. INFORMANT AND ADDRESS: Wife: Clara Cook, same as item #2 | | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Broncho pneumonia | 1 wk |
| Antecedent cause(s) | (b) Uremia | 3 wks |
| Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (c) Arteriosclerosis generalized | 10 yrs. |

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107

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| | | |
|---|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes XXX No ☐ |
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE) |
| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from 19, NOV, 1950, to 2, MARCH, 1950, that I last saw the deceased alive on 2, MARCH, 1950, and that death occurred at 510 P m., from the causes and on the date stated above.

SIGNATURE: J.J. Dempsey (Degree or title) ADDRESS: J.J. DEMPSEY, LTJG, MC, USN, U.S.Naval Hospital, Bethesda, Md. DATE SIGNED: 3/7/50

| | | | |
|---|---|---|---|
| 23. BURIAL, CREMATION REMOVAL (Specify): Burila | DATE: 3-7-50 | NAME OF CEMETERY OR CREMATORY: Arlington National | LOCATION (City, town, or county) (State): Arlington, Virginia |
| DATE REC'D BY LOCAL REG. 3/7/50 | REGISTRAR'S SIGNATURE: Elizabeth Willett | 24. FUNERAL DIRECTOR: W.E. Jarvis Funeral Home, 1432 U St NW, Washington, D.C. | ADDRESS |

60299

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 10 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03009

# CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural; LENGTH OF STAY (in this place) 5 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington; STREET ADDRESS (If rural, give location) 1740 Taylor St, NW

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Etta (Last) COOPER

4. DATE OF DEATH: (Month) March, (Day) 22, (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 6-15-69

9. AGE last birthday: 80 yrs. If under 1 year: Months 09 Days 07; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Minnesota

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: George Carrick

14. MOTHER'S MAIDEN NAME: Maryy Etta Thorp

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service): None

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Self on admission

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Pulmonary Edema | 2 Days |
| 450.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 99 | (b) Myocardial Failure | 3 Wks |
| | (c) Arteriosclerotic Vascular Disease | Unknown |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 17, March, 1950, to 22, March, 1950, that I last saw the deceased alive on 22, March, 1950, and that death occurred at 6:30P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

E.M Spalding, CDR, MC, USN, U.S. Naval Hosp. Bethesda, Md. 3/23/50

23. BURIAL, CREMATION, REMOVAL (Specify): Removal

DATE: 3-23-50

NAME OF CEMETERY OR CREMATORY: North Star

LOCATION (City, town, or county) (State): St. Cloud, Minnesota

DATE RECD BY LOCAL REG. 3/23/50

REGISTRAR'S SIGNATURE: Elizabeth Willett

FUNERAL DIRECTOR: W.W. Chambers, 1400 Chapin St, NW Washington, DC

ADDRESS

RECEIVED
MAR 24 1950
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03010

# CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Potomac | LENGTH OF STAY (in this place) 4 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington — COUNTY D. C.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) 4400 Klingle St., N. W.

3. NAME OF DECEASED (Type or Print): (First) Lillie (Middle) Dunn (Last) CRAMPTON

4. DATE OF DEATH: (Month) March (Day) 16, (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Apr. 7, 1865

9. AGE last birthday: 84 yrs. | If under 1 year: Months 11 Days 9 | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Illinois

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas Dunn

14. MOTHER'S MAIDEN NAME: Maria McBurney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Carl C. Crampton-4400 Klingle St., N.W., Wash., D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) HEART Failure | 6 Weeks |
| 420 D 93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Coronary Arteriosclerotic Heart Disease | 20 Mo. |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None | 19b. MAJOR FINDINGS OF OPERATION: — | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): — | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: — | (CITY OR TOWN) — (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — | INJURY OCCURRED White at Work ☐ Not White At work ☐ | HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from July 10, 1948, to March 16, 1950, that I last saw the deceased alive on March 15, 1950, and that death occurred at 2:45 P.M., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| Frank S Bacon | M.D. | 1150 Conn. Ave. N.W. | March 16 1950 |

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 3/17/50 | Glenwood Cemetery | Long Branch N.J. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 3-17-50 | Ellen Kurrach | Robert W. Humphrey & | Bethesda, Md. |

RECEIVED
MAR 20 1950

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03011

# CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
LENGTH OF STAY (in this place) 4 1/12.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural give location) # 32 Quincy Street.

3. NAME OF DECEASED (Type or Print) (First) THOMAS (Middle) RAYMOND (Last) CROWLEY

4. DATE OF DEATH (Month) 3 (Day) 19 (Year) 1950.

5. SEX M. | 6. COLOR OR RACE W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) W. | 8. DATE OF BIRTH JAN 12. 1895 | 9. AGE last birthday 55 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INSURANCE Agent | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) WASHINGTON D.C. | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME JOHN THOMAS CROWLEY | 14. MOTHER'S MAIDEN NAME MARGARET J. CROWLEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES | (If yes, give war or dates of service) WWI. | 16. SOCIAL SECURITY NO. 197-05-4424. | 17. INFORMANT DR. JEROME F CROWLEY.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

153 X Immediate cause (a) Carcinoma of the bowel duct.

462 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized metastasis.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 19 49, to March 19, 19 50, that I last saw the deceased alive on March 18, 19 50, and that death occurred at 12:05 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

S. W. Nealon Jr M. D 1746 K. St N.W. Wash. 3/19/50.

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF MAR. 22, 1950 | NAME OF CEMETERY OR CREMATORY MT OLIVET | LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REG. 3-21-50 | REGISTRAR'S SIGNATURE Helen Murray | 24. FUNERAL DIRECTOR Joseph Sawler's Sons, Wash., D.C. | ADDRESS

27480

RECEIVED
MAR 2
1950
BUREAU

Evidence for addition of 9, 10a, 13,14 shown on:

FILM No. G 124 MAR 14 1950

03012

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS #8 Bayard Blvd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS #8-Bayard Blvd. (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Jerimiah (Middle) (Last) Cullinane

4. DATE OF DEATH (Month) 3/3/50 (Day) (Year) 19

5. SEX M.

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH About 1872

9. AGE last birthday 77 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Ireland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John Cullinane

14. MOTHER'S MAIDEN NAME Annie Donovan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause (a) | Coronary thrombosis | 1 day |
| Antecedent cause(s) (b) | Artero-sclerotic heart disease | 3 years |
| Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) | Cholecystitis with stones | 1 year |

420.0

93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1947, to Mar 5, 1950, that I last saw the deceased alive on Feb 28, 1950, and that death occurred at 4 A.m., from the causes and on the date stated above.

SIGNATURE Thomas F Collins (Degree or title) ADDRESS 322 H Street, N.E. DATE SIGNED 3/3/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 3-6-50
NAME OF CEMETERY OR CREMATORY Mt. Olivet
LOCATION (City, town, or county) (State) D.C.

DATE REC'D BY LOCAL REG. 2-3-50
REGISTRAR'S SIGNATURE Helen Kurvack

24. FUNERAL DIRECTOR Timothy Hanlon ADDRESS 641-H St. NE. WASH. D.C.

Funeral Home

XVX99

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

RECEIVED
MAR 7 1950
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

21540 03013

Reg. Dist. No. 216

1. PLACE OF DEATH
COUNTY: montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BETHESDA
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: SUBURBAN HOSPITAL 8600 OLD GEORGETOWN ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 2219 linden Ave

3. NAME OF DECEASED (Type or Print): (First) Mr Ellis (Middle) G. (Last) Dahne

4. DATE OF DEATH: (Month) march (Day) 22 (Year) 1950

5. SEX: male

6. COLOR OR RACE: W/M

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~ (Specify)

8. DATE OF BIRTH: 1876 ?

9. AGE last birthday: 74 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret realtor

10b. KIND OF BUSINESS OR INDUSTRY: Real Estate

11. BIRTHPLACE (State or foreign country): Russia

12. CITIZEN OF WHAT COUNTRY? U.S. of N. Amer.

13. FATHER'S NAME: nathan Dahne

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 0

17. INFORMANT AND ADDRESS: son - Ralph Dahne

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Acute coronary thrombosis | 10 days |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Hypertension with hypertensive heart disease | ? years |
| | (c) Generalized arteriosclerosis with aortic stenosis | ? years |

421.1
92a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: none

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): no

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —

(CITY OR TOWN) (COUNTY) (STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour): none m.

INJURY OCCURRED While at Work ☐ Not While At work ☐: —

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from December, 1948, to March 22, 1950, that I last saw the deceased alive on March 21, 1950, and that death occurred at 8:05 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Sydney Leventhal, M.D.

ADDRESS: 8748 Georgia Ave, Silver Spring Md.

DATE SIGNED: 3-22-50 — Mar 22, 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 3-23-50

NAME OF CEMETERY OR CREMATORY: Rosedale

LOCATION (City, town, or county) (State): Balto Md.

DATE REC'D BY LOCAL REG.: 3-22-50

REGISTRAR'S SIGNATURE: Helen Kurvach

24. FUNERAL DIRECTOR: Jack Reuss Inc

ADDRESS: 2100 Eutaw Place

27681

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

V12
Maple Ridge Rd
2 Parcel

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03014

# CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural
LENGTH OF STAY (In this place) 2 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 11, Patterson Street, N.E.

3. NAME OF DECEASED (Type or Print): (First) Herman (Middle) Vernell (Last) DANIEL

4. DATE OF DEATH (Month) (Day) (Year): March, 23, 1950

5. SEX: Male

6. COLOR OR RACE: Negroid

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 12-25-88

9. AGE last birthday: 61 yrs. If under 1 year: Months 02 Days 28 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Street Cleaner

10b. KIND OF BUSINESS OR INDUSTRY: District Govt

11. BIRTHPLACE (State or foreign country): Louisa, Virginia

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Jack Daniel

14. MOTHER'S MAIDEN NAME: Mary Dandrich

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) WWI

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Wife: Bessie Daniel, same as item 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Post-Surgical Shock — Interval Between Onset and Death: 13 hours

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Nodular Hypertrophy of Prostate — 5 years

(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary edema — 10 hours

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes XXX No ☐

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 23, Jan, 1950, to 23 March, 1950, that I last saw the deceased alive on 23, March 1950, and that death occurred at 12:50A m., from the causes and on the date stated above.

SIGNATURE C.H.F. Beach (Degree or title) ADDRESS C.H.F. BEACH, LTJG, MC, USN, U.S.Naval Hosp, Bethesda, Maryland DATE SIGNED 3/24/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: 3/24/50

NAME OF CEMETERY OR CREMATORY: Arlington National

LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG. 3/24/50

REGISTRAR'S SIGNATURE: Elizabeth Willett

24. FUNERAL DIRECTOR ADDRESS: W.E. Jarvis, 1432 U Street, NW, Washington, D.C. L.H. 4666

RECEIVED
MAR 27 1950

03015

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
LENGTH OF STAY (in this place) 9 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5300 Saratoga Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural, give location) 5300 Saratoga Ave.

3. NAME OF DECEASED (Type or Print) (First) Margaret (Middle) Shoemaker (Last) Dean
4. DATE OF DEATH (Month) Mar. (Day) 21 (Year) 1950
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Jan. 21, 1856
9. AGE last birthday 94 yrs. If under 1 year Months 2 Days 0 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Montgomery Co., Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Charles Shoemaker
14. MOTHER'S MAIDEN NAME Mary Elizabeth Collins
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. None
17. INFORMANT Mrs. Mary E. Bopp-Niece

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary occlusion — Found dead in bed.

94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Bronhart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 3-21-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 3/23/50
NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery
LOCATION (City, town, or county) Washington (State) D.C.

DATE REC'D BY LOCAL REG. 3-21-50
REGISTRAR'S SIGNATURE Helen Kurvacz
24. FUNERAL DIRECTOR Robert R. Humphrey ADDRESS Bethesda 14, Md.

52086

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAR 23 1950
BUREAU U. S.

M

03016

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BETHESDA
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS SUBURBAN HOSPITAL 8600 OLD GEORGETOWN ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 302 Dearborne Ave.

3. NAME OF DECEASED (Type or Print) (First) Agnesa (Middle) (Last) De Vermond
4. DATE OF DEATH (Month) March (Day) 12 (Year) 1950
5. SEX Female
6. COLOR OR RACE wh.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) wid
8. DATE OF BIRTH August 9, 1869
9. AGE last birthday 80 yrs. If under 1 year: Months 7 Days 3 da If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Copenhagen, Denmark
12. CITIZEN OF WHAT COUNTRY? N. America
13. FATHER'S NAME Christian Tramp
14. MOTHER'S MAIDEN NAME Charlotte Kruth
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|---|
| 450.0 | Immediate cause | (a) Cardiac Failure | 14 days |
| | Antecedent cause(s) | | |
| 107 | Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Generalized Arterio-Sclerosis | unknown |
| | | (c) Broncho Pneumonia | 6 days |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 3/1, 1950, to 3/12, 1950, that I last saw the deceased alive on 3/11, 1950, and that death occurred at 10:40 A m., from the causes and on the date stated above.

SIGNATURE Merritt M. Cross (Degree or title) MD. ADDRESS 8248 Georgia Ave. Silver Spring, Md. DATE SIGNED 3/12/50

23. BURIAL, CREMATION REMOVAL (Specify) Cremation
DATE Mar 13, 1950
NAME OF CEMETERY OR CREMATORY Lees Crematorium
LOCATION (City, town, or county) (State) Washington D.C.
DATE REG'D BY LOCAL REG. 3-12-50
REGISTRAR'S SIGNATURE Helen Kurvach
24. FUNERAL DIRECTOR J. H. Lees Grand Co. ADDRESS 300 - 4th St. N.E.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1

RECEIVED
MAR 15 1950
BUREAU V. S.

M

03017

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 214

| | |
|---|---|
| 1. PLACE OF DEATH· COUNTY Montgomery MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED· STATE MARYLAND COUNTY Montgomery |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase — LENGTH OF STAY (in this place) | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS — 4617 Morgan Dr. | STREET ADDRESS (If rural, give location) 4617 Morgan Dr. |

3. NAME OF DECEASED (Type or Print) (First) Elizabeth (Middle) "Bessie" (Last) Dick

4. DATE OF DEATH (Month) March (Day) 6 (Year) 1950

| 5. SEX | 6. COLOR OR RACE | 7. ~~SINGLE~~, MARRIED, WIDOWED, ~~DIVORCED~~ (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year Months | Days | If under 24 hrs. Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| F | W | Widowed | Aug 1 1867 | 82 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Housewife | Own home | Glasgow, Scotland | U.S.A. |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| James Muir | Mary Todd |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service) | 16. SOCIAL SECURITY No. | 17. INFORMANT AND ADDRESS |
|---|---|---|---|
| No | | — None | Mary Elizabeth Hayden - 4617 Morgan Dr. |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Metastatic Carcinoma | 3 mo |
| 153 × Antecedent cause(s) | | |
| 46e Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Carcinoma of Large Intestine | |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐ |
|---|---|---|
| | | |

| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? | | |

22. I hereby certify that I attended the deceased from Dec 1, 1949, to March 6, 1950, that I last saw the deceased alive on March 5, 1950, and that death occurred at 3 30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Leo I. Donovan MD ADDRESS DATE SIGNED 3/6/50

| 23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 3/9/50 | Western Cem. | Balto. Md. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| Mar 6/50 | Frances Potter | J. H. Hines Co. | 2901-14th St NW. Wash. DC. |

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 9 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03018

# CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural | LENGTH OF STAY (in this place) 11 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Massachussets; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Peabody
STREET ADDRESS (If rural, give location) 76 Margin Street

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Robert (Last) DOLAN
4. DATE OF DEATH: (Month) (Day) (Year) March, 14, 1950

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 7-9-86
9. AGE last birthday: 63 yrs. | If under 1 year: Months 08 Days 05 | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Commander Retired
10b. KIND OF BUSINESS OR INDUSTRY: U.S.Navy
11. BIRTHPLACE (State or foreign country): Massachussets
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: James P. Dolan
14. MOTHER'S MAIDEN NAME: Elizabeth Connelly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes | (If year, give war or dates of service): WW1&II
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Wife: Mary F. Dolan, same as item #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Valvular Heart Disease with

421.1 Antecedent cause(s)

92a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Aortic Stenosis and myocardial failure

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3, March, 19 50, to 14, March 1950, that I last saw the deceased alive on 14 March, 19 50 and that death occurred at 8:00 A m., from the causes and on the date stated above.

SIGNATURE R. J. McCarthy (Degree or title) ADDRESS R. J. McCARTHY, LTJG, MC, USN, U.S.Naval Hospital, Bethesda, Md DATE SIGNED 3-17-50

23. BURIAL, CREMATION REMOVAL (Specify): Removal | DATE 3-14-50 | NAME OF CEMETERY OR CREMATORY St. Mary's | LOCATION (City, town, or county) (State): Peabody Massachussets

DATE REC'D BY LOCAL REG. 3-17-50 | REGISTRAR'S SIGNATURE Elizabeth Willett

24. FUNERAL DIRECTOR ADDRESS: Robert Pumphrey, 7557 Wisconsin Ave. Bethesda, Maryland

60896

RECEIVED
MAR 21 1950
BUREAU V. S.

03019

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. 218

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Gaithersburg Md
LENGTH OF STAY (in this place) 6 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Gaithersburg Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Edward (Middle) Dallas (Last) Dorsey

4. DATE OF DEATH (Month) Mar (Day) 8 (Year) 1950

5. SEX Male
6. COLOR OR RACE Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Sept 15 1906
9. AGE last birthday 44 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor on Farm
10b. KIND OF BUSINESS OR INDUSTRY General Farm Work
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Richard Dorsey
14. MOTHER'S MAIDEN NAME Estell Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 214-03-9250
17. INFORMANT Verome Dorsey

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

925.0 Immediate cause (a) Suffocation — Few min.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Was attempting to load a small out building on truck. Building fell on deceased.

182 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) home (CITY OR TOWN) Laytonsville (COUNTY) Monty (STATE) Md.
TIME OF INJURY (Month) Mar (Day) 8 (Year) '50 (Hour) 1 P m.
INJURY OCCURRED While at work ☒ Not while at work ☐
HOW DID INJURY OCCUR? out building fell on deceased

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Bronhart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 3-8-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Mar 11 1950
NAME OF CEMETERY OR CREMATORY Mt Zion Md
LOCATION (City, town, or county) Montgomery Co Md (State)

DATE REC'D BY LOCAL REG. 3/1/50
REGISTRAR'S SIGNATURE David D Bell
24. FUNERAL DIRECTOR Roy W. Barber ADDRESS Laytonsville Md

866 VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAR 16 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03020

# CERTIFICATE OF DEATH

Reg. Dist. No. 218

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH — COUNTY: Monrg Co, MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Boyds; LENGTH OF STAY (in this place): 65yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland; COUNTY: Montg; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Boyds; STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Anna (Middle) Cecelia (Last) Duffin

4. DATE OF DEATH: (Month) 3 (Day) 4 (Year) 50 19

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Mar 21, 1864,

9. AGE last birthday: 85 yrs. If under 1 year: Months 11, Days 13, If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: "

11. BIRTHPLACE (State or foreign country): Poolaville. Md,

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Henry Nolan

14. MOTHER'S MAIDEN NAME: Catherine Devial

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Edna Johnson. Boyds. Md,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Hypostatic pneumonia bilateral | 10 days. |
| 480.0 Antecedent cause(s) | | |
| Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d. | (b) congestive heart failure | 12 days |
| | (c) arteriosclerotic heart disease | 10 years |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 15, 1949, to 4 March, 1950, that I last saw the deceased alive on 4 March, 1950, and that death occurred at 7 P. m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| John G. Fawcett | M. D. | Boyd. | 6 March 50 |

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 3/8/50 | St Marks Cemetery | Boyds Md, |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| Mar 6 1950 | Charles L. Cooke | Ernest C. Gartner, | Gaithersburg Md, |

RECEIVED
MAR 8 1950
BUREAU V. S.

03021

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BETHESDA — LENGTH OF STAY (in this place): 3½ hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: SUBURBAN HOSPITAL 8600 OLD GEORGETOWN ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: D.C. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chevy Chase
STREET ADDRESS (If rural, give location): 5118 Chevy Chase Pkwy

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Casper Durgin
4. DATE OF DEATH (Month) (Day) (Year): Mar. 11 1950
5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: 11-29-96
9. AGE last birthday: 53 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Capt. U.S. Coast Guard
10b. KIND OF BUSINESS OR INDUSTRY: Geodetic Engineer Survey
11. BIRTHPLACE (State or foreign country): Exeter N.H.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Henry Durgin
14. MOTHER'S MAIDEN NAME: Mary Durgin
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary Thrombosis — 5 hrs

Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1936, to Oct, 1949, that I last saw the deceased alive on March 11, 1950, and that death occurred at 7:35 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
W B Wardrop MD. 837 Bonifant St Silver Spring 3/11/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 3-15-50 — NAME OF CEMETERY OR CREMATORY: Fort Lincoln — LOCATION (City, town, or county) (State): Md

DATE REC'D BY LOCAL REG.: 3-11-50 — REGISTRAR'S SIGNATURE: Helen Kurvaeks — 24. FUNERAL DIRECTOR: The S.H. Hines Co. — ADDRESS

60896

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 15 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03022

# CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
LENGTH OF STAY (In this place): 13 Hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: P.Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hyattsville
STREET ADDRESS (If rural, give location): 5702 Queens Chapel Road ✓

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) Edward (Last) EMGE

4. DATE OF DEATH: (Month) 7. March (Day) , (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 10-13-75

9. AGE last birthday: 74 yrs. If under 1 year: Months 4 Days 24 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Administrator

10b. KIND OF BUSINESS OR INDUSTRY: Vets Admin.

11. BIRTHPLACE (State or foreign country): Tawson, Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: John Emge

14. MOTHER'S MAIDEN NAME: Martha Berryman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): SA

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Son: Lawrence Emge, same as item #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 **Immediate cause** (a) Ventricular Fibrillation — INTERVAL BETWEEN ONSET AND DEATH: Several minutes

due to

**Antecedent cause(s)**

940 **Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last** (b) Infarction, Myocardium, (arteriosclerosis, Coronary) — INTERVAL BETWEEN ONSET AND DEATH: Several (1 hours)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐ XXX

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6. March, 1950, to 7. March, 1950, that I last saw the deceased alive on 7. March, 1950 and that death occurred at 1050 P m., from the causes and on the date stated above.

SIGNATURE: C.F. Park (Degree or title) ADDRESS: C.F.PARK, CDR, MC, USN, U.S.Naval Hospital, Bethesda, Maryland DATE SIGNED: 3/8/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: 3-9-50

NAME OF CEMETERY OR CREMATORY: Arlington National

LOCATION (City, town, or county) (State): Arlington Virginia

DATE REC'D BY LOCAL REG.: 3/8/50

REGISTRAR'S SIGNATURE: Elizabeth Willett

24. FUNERAL DIRECTOR ADDRESS: W.W. CHAMBERS, 1400 Chapin ST, NW Washington, DC

15697

RECEIVED
MAR 10 1950
BUREAU V. S.

03023

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH · COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda — LENGTH OF STAY (in this place): 11 days - 1 hr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Suburban Hospital 8600 Old Georgetown Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
STREET ADDRESS (If rural, give location): 8025 Eastern Ave.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Mrs Rose Evans
4. DATE OF DEATH (Month) (Day) (Year): March 24 1950
5. SEX: Female
6. COLOR OR RACE: wh
7. ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH: Dec. 25, 1873
9. AGE last birthday: 76 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Taylor Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S. of N. Amer.
13. FATHER'S NAME: Thomas Rogers
14. MOTHER'S MAIDEN NAME: Mary Jones
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT AND ADDRESS: Son - Gidwill Evans

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443X Immediate cause (a) Cerebral Thrombosis — 11 days

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive cardio - vascular disease — 5 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify): X
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): X
(CITY OR TOWN) (COUNTY) (STATE): X
TIME OF INJURY (Month) (Day) (Year) (Hour): X m.
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR? X

22. I hereby certify that I attended the deceased from 3-13, 1950, to 3-24, 1950, that I last saw the deceased alive on 3-23, 1950, and that death occurred at 2:30 P.m. 3-24-50, from the causes and on the date stated above.

SIGNATURE: N C Shoemaker M.D. (Degree or title) — ADDRESS: 8005 Woodbury Drive Silver Spring, Md — DATE SIGNED: 3-24-50

23. BURIAL, CREMATION REMOVAL (Specify) — DATE THEREOF: 3-27-50 — NAME OF CEMETERY OR CREMATORY: Forest Hill Cem. — LOCATION (City, town, or county) (State): Taylor, Pa.

DATE REC'D BY LOCAL REG. 3-24-50 — REGISTRAR'S SIGNATURE: Helen Kurrack — 24. FUNERAL DIRECTOR: Deal Funeral Home — ADDRESS: 4812 Ga. ave. Wash. D.C.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
MAR 29 1950
BUREAU F. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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T

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

03024

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 36 - Denwood Ave
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Tatoma Park - Md

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tatoma Park
STREET ADDRESS 36 Denwood Ave (If rural give location) ~~254 - Carroll St~~

3. NAME OF DECEASED (Type or Print) (First) SARAH (Middle) E. (Last) FERRAR

4. DATE OF DEATH (Month) March (Day) 7 (Year) 1950

5. SEX F

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH Dec. 25. 1877

9. AGE last birthday 72 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY House Wife

11. BIRTHPLACE (State or foreign country) Wilbie England

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William Sharpe

14. MOTHER'S MAIDEN NAME Emma Holly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Mrs. Gwendolyn Sadgett

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Terminal Pulmonary Edema | 3 days |
| 260x Antecedent cause(s) | | |
| 61 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Arterio-sclerotic Heart disease | 6 yrs |
| | (c) Diabetes Mellitus | 6 yrs. |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Benign Abdominal Tumors.

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1945, to March 7, 1950, that I last saw the deceased alive on 3/2, 1950, and that death occurred at 4:00 P. m., from the causes and on the date stated above.

SIGNATURE Francis L. Richardson (Degree or title) ADDRESS 7717 - Alaska Ave N.W. Wash D.C. DATE SIGNED 3/7/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE 3/9/50

NAME OF CEMETERY OR CREMATORY St Lincoln

LOCATION (City, town, or county) Ft Zeppyer Pa. (State) Md

DATE REC'D BY LOCAL REG. 3/7/50

REGISTRAR'S SIGNATURE J. Wilm R. Ed

24. FUNERAL DIRECTOR J. Arthur Walters ADDRESS 254 Carroll St. Tatoma Park - D.C.

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RECEIVED
MAR 10 1950

03025

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 216

| | |
|---|---|
| 1. PLACE OF DEATH · COUNTY: Montgomery MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Montgomery |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda — LENGTH OF STAY (in this place): | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS: 5625 Madison Street | STREET ADDRESS (If rural, give location): 5625 Madison Street |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) | (First) | (Middle) Norman | (Last) Fisher | 4. DATE OF DEATH | (Month) March | (Day) 26 | (Year) 1950 |
| 5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married | 8. DATE OF BIRTH: Mar. 30, 1908 | 9. AGE last birthday: 41 yrs. | If under 1 year: Months 11 | Days 26 | If under 24 hrs.: Hours / Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Assistant Manager | | 10b. KIND OF BUSINESS OR INDUSTRY: Phil-Gas Co. | 11. BIRTHPLACE (State or foreign country): Rockville, Maryland | | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13. FATHER'S NAME: Geary A. Fisher | | | 14. MOTHER'S MAIDEN NAME: Mattie Connelly | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If year, give war or dates of service) | 16. SOCIAL SECURITY No.: yes - unknown | 17. INFORMANT AND ADDRESS: Mrs Anna M. Fisher - 5625 Madison St Beth. Md. | | | | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary thrombosis

420.1 Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| | | |
|---|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐ |
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE) |
| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from Dec, 1949, to March, 1950, that I last saw the deceased alive on 3-24-, 1950, and that death occurred at 12:45 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): W. T. Dwyer M.D. ADDRESS: Bethesda, Md DATE SIGNED: 3-26-50

| | | | |
|---|---|---|---|
| 23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: 3/29/50 | NAME OF CEMETERY OR CREMATORY: St. Marys | LOCATION (City, town, or county) (State): Rockville, Maryland |
| DATE REC'D BY LOCAL REG.: 3-27-50 | REGISTRAR'S SIGNATURE: Helen Kurvaets | 24. FUNERAL DIRECTOR: Robert A. Humphrey Per. H.J.W. | ADDRESS: Bethesda, Md. |

15617

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 29 1950
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03026

# CERTIFICATE OF DEATH

Reg. Dist. No. 215

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
LENGTH OF STAY (in this place): 11 mo 14dys
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Pennsylvania — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Connellsville
STREET ADDRESS (If rural, give location): RFD #1

3. NAME OF DECEASED (Type or Print): (First) Melvin (Middle) Ellis (Last) FULLER

4. DATE OF DEATH: (Month) March, (Day) 6, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 2-28-98

9. AGE last birthday: 52 yrs. If under 1 year: Months 00, Days 08; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lieutenant Colonel

10b. KIND OF BUSINESS OR INDUSTRY: U.S.M.C.

11. BIRTHPLACE (State or foreign country): Vanderbilt, Pennsylvania

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: James Fuller

14. MOTHER'S MAIDEN NAME: Harriet Foster

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If year, give war or dates of service): WWI-II

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Wife: Mary P. Fuller, same as item #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

162X **Immediate cause** (a) Carcinoma, metastatic intercranial

**Antecedent cause(s)**

47C Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Primary Bronchogenic adenocardinoma, right lung

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes XXX No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 22, March, 1949, to 6, March, 1950, that I last saw the deceased alive on 6, March, 1950, and that death occurred at 606 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): J.E. Nardini, CDR, MC, USN — ADDRESS: U.S. Naval Hospital, Bethesda, Md. — DATE SIGNED: 3/6/50

23. BURIAL CREMATION REMOVAL (Specify): Burial — DATE: 3/9/50 — NAME OF CEMETERY OR CREMATORY: Arlington National — LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG. 3/6/50 — REGISTRAR'S SIGNATURE: Elizabeth Willett

24. FUNERAL DIRECTOR — ADDRESS: W.W. Chambers, 1400 Chapin St, NW, Washington, DC

W.H. Howard

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RECEIVED
MAR 7 1950

03027

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda; Rural
LENGTH OF STAY (in this place): 17 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: District of Columbia
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 1332 Randolph St, N.W.

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Henry (Last) GILL
4. DATE OF DEATH: (Month) MARCH, (Day) 10, (Year) 1950
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower
8. DATE OF BIRTH: 9-18-79
9. AGE last birthday: 70 yrs. If under 1 year: Months 05, Days 22; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Keeper of Valves
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Govt.
11. BIRTHPLACE (State or foreign country): Wshington, D.C.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: William Gill
14. MOTHER'S MAIDEN NAME: Theresa Robertson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): SA
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Brother: George R. Gill, 1418 Long-Fellow St. NW, Wash. DC

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Congestive Heart Failure — Several days

443x Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardiovascular Dis. #4930 — Few yrs.

93d (c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. Nephrosclerosis, arteriolar (with Heart Involvement) #4960 — aortitis, syphilitic #0230 — Few yrs. Few yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes XXX No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9, March, 1950, to 10, March, 1950, that I last saw the deceased alive on 10 March, 1950, and that death occurred at 9:00A m., from the causes and on the date stated above.

SIGNATURE: C. F. Park (Degree or title) ADDRESS: C.F PARK, CDR, MC, USN Naval Hospital, Bethesda, Md — DATE SIGNED: 3-14-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 3-14-50 — NAME OF CEMETERY OR CREMATORY: Arlington National — LOCATION (City, town, or county) (State): Arlington National

DATE REC'D BY LOCAL REG.: 3/16/50 — REGISTRAR'S SIGNATURE: Elizabeth Willett — 24. FUNERAL DIRECTOR: W.W. Chambers, 3072 M St, NW, Washington, D.C. — ADDRESS: G.S.

60247

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
MAR 20 1950
U.S.

# MARYLAND STATE DEPARTMENT OF HEALTH

03028

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 215

M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

I

VS. A15

**1. PLACE OF DEATH**
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
LENGTH OF STAY (in this place): 11 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

**2. USUAL RESIDENCE (HOME) OF DECEASED**
STATE: District of Columbia — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 3101 13th Street, NW

**3. NAME OF DECEASED (Type or Print):** (First) Albert (Middle) "A" (Last) GLAZE

**4. DATE OF DEATH:** (Month) (Day) (Year) MARCH, 4, 1950

**5. SEX:** Male

**6. COLOR OR RACE:** White

**7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):** Married

**8. DATE OF BIRTH:** 12-18-75

**9. AGE last birthday:** 74 yrs. If under 1 year: Months 2, Days 16, Hours, Min.

**10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):** Accountant, Retired

**10b. KIND OF BUSINESS OR INDUSTRY:** Veterans Admin

**11. BIRTHPLACE (State or foreign country):** Coshocton, Ohio

**12. CITIZEN OF WHAT COUNTRY?** U.S.

**13. FATHER'S NAME:** Zacria Glaze

**14. MOTHER'S MAIDEN NAME:** Alviria Bainter

**15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):** Yes — (If year, give war or dates of service): SA

**16. SOCIAL SECURITY NO.:**

**17. INFORMANT AND ADDRESS:** Self on admission

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Cachexia | 1 Wk. |
| Antecedent cause(s) | (b) Chronic Myelogenous Leukemia | 3+ Mos. |
| Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (c) | |

204.1
74a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

**19a. DATE OF OPERATION:**

**19b. MAJOR FINDINGS OF OPERATION:**

**20. AUTOPSY?** Yes XXX No ☐

**21. ACCIDENT / SUICIDE / HOMICIDE (Specify):**

**PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):** (CITY OR TOWN) (COUNTY) (STATE)

**TIME OF INJURY:** (Month) (Day) (Year) (Hour) m.

**INJURY OCCURRED:** While at Work ☐ Not While At work ☐

**HOW DID INJURY OCCUR?**

**22.** I hereby certify that I attended the deceased from 21, FEB., 1950, to 4, MARCH 1950, that I last saw the deceased alive on 4, MARCH, 1950, and that death occurred at 320 A m., from the causes and on the date stated above.

SIGNATURE: J.R. Shanahan — (Degree or title): LTJG, MC, USN — ADDRESS: U.S. Naval Hospital, Bethesda, Md. — DATE SIGNED: 3/6/50

**23. BURIAL, CREMATION / REMOVAL (Specify):** Burial — DATE: 3-7-50 — NAME OF CEMETERY OR CREMATORY: Arlington National — LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG.: 3/6/50 — REGISTRAR'S SIGNATURE: Elizabeth Willett

**24. FUNERAL DIRECTOR.** ADDRESS: S.H. HINES, 2901 14th St, NW, Washington, DC

210-77

RECEIVED
MAR 7 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

03029

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 2 Forest Grove Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
STREET ADDRESS (If rural, give location): 2 Forest Grove Road

3. NAME OF DECEASED (Type or Print): (First) Dorothy (Middle) Irene (Last) Gregory

4. DATE OF DEATH: (Month) Mar (Day) 22 (Year) 19 50

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Feb. 26, 1905

9. AGE last birthday: 45 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Francis L. Coffer

14. MOTHER'S MAIDEN NAME: Mary Frances Dumphy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT: Joseph W. Gregory

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — sudden attack

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) II Pulmonary tuberculosis — 8 yr.

(c)

420.1

002X

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Frank J. Bronchart — (Degree or title): M.D. — ADDRESS: Gaithersburg Md — DATE SIGNED: 3-22-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Mch. 25, 1950 — NAME OF CEMETERY OR CREMATORY: Trinity Episcopal Church Cemetery — LOCATION (City, town, or county) (State): Upper Marlboro, Md.

DATE REC'D BY LOCAL REG.: 3-24-50 — REGISTRAR'S SIGNATURE: Frances Cotter

24. FUNERAL DIRECTOR: Warner C. Dumphrey — ADDRESS: Silver Spring, Md

Coronary occlusion is the underlying cause of death. Dr. Brochart.
- 5/15/50 ams

MARYLAND STATE DEPARTMENT OF HEALTH

03030

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

Reg. Dist. No. 212

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Monty — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dickerson | LENGTH OF STAY (In this place) 50 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS rural

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dickerson
STREET ADDRESS (If rural, give location) rural

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Lisa (Last) Hamilton

4. DATE OF DEATH: (Month) Mar (Day) 6 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, (MARRIED), WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Aug. 5, 1885

9. AGE last birthday: 64 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Martinsburg, Md

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: George Robinson

14. MOTHER'S MAIDEN NAME: Amanda Crummer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkoown) | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Mary Jackson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

420.1 **Immediate cause** (a) Coronary occlusion — Few days

940a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ____ (c) ____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Frank J. Broschart M.D. | Gaithersburg Md | 3-6-50

23. BURIAL CREMATION REMOVAL (Specify) | DATE THEREOF 3/9/50 | NAME OF CEMETERY OR CREMATORY Poolesville | LOCATION (City, town, or county) Poolesville, Md (State)

DATE REC'D BY LOCAL REG. 3/9/50 | REGISTRAR'S SIGNATURE Mrs. C. C. Hilton By Mrs. W. B. H. | 24. FUNERAL DIRECTOR Robert Snowden | ADDRESS Rockville, Md

52086

VS. A15A

RECEIVED
MAR 15 1950
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03031

# CERTIFICATE OF DEATH

Reg. Dist. No. 213

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville; LENGTH OF STAY (in this place) 34 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Chestnut Lodge Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington; STREET ADDRESS (If rural, give location) 1529 Varnum St., N. W.

3. NAME OF DECEASED (Type or Print): (First) Margaret (Middle) (Last) Hanna

4. DATE OF DEATH: (Month) Mar (Day) 28 (Year) 1950

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: 17 Dec 1873

9. AGE last birthday: 76 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired Foreign Service, State Dept.

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Ann Arbor Mich.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Edwin P. Hanna.

14. MOTHER'S MAIDEN NAME: Lucretia Hynes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: unknown

17. INFORMANT: bro. in law Mr. H.H. Martin, 1529 Varnum St. NW Washington, D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Respiratory Failure | 1 week |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Senile psychosis, confused + delirious type | 1 mo. |
| | (c) exhaustion | |

304X 162a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): none

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4 Mar, 1950, to 28 Mar, 1950, that I last saw the deceased alive on 27 Mar, 1950, and that death occurred at 6:50 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Donald L. Burnham, M.D. ADDRESS: Chestnut Lodge Sanitarium 500 W. Montgomery Ave., Rockville Md. DATE SIGNED: 28 Mar 50

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE: 3-30-1950 | NAME OF CEMETERY OR CREMATORY: Cedar Hill | LOCATION (City, town, or county) (State): Suitland Md.

DATE REC'D BY LOCAL REG. 3/29/50 | REGISTRAR'S SIGNATURE: Louise B. Humphreys

24. FUNERAL DIRECTOR: Jas. Sanders Sons ADDRESS: 1754 Pa Ave. NW 20097 Wash. D.C.

RECEIVED
MAR 30 1950
BUREAU

03032

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 218

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Goshen MD
LENGTH OF STAY (In this place) 77 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS None

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Goshen MD
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Ignatious (Middle) (Last) Hawkins
4. DATE OF DEATH (Month) March (Day) 1 (Year) 1950

5. SEX Male
6. COLOR OR RACE Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH March3 1872
9. AGE last birthday 77 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor
10b. KIND OF BUSINESS OR INDUSTRY Farm Farm Land
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Richard Hawkins
14. MOTHER'S MAIDEN NAME Elizabeth Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY No. None
17. INFORMANT Mack Hawkins

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 10 days

331 Antecedent cause(s)

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 26, 1950, to March 1, 1950, that I last saw the deceased alive on March 1, 1950, and that death occurred at 3 30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Ralph L. Nicholson, MD. ADDRESS Damascus DATE SIGNED March 2, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Mar4 1950
NAME OF CEMETERY OR CREMATORY Brook Grove MD
LOCATION (City, town, or county) (State) Laytonsville, MD

DATE REC'D BY LOCAL REG. 3/4/50
REGISTRAR'S SIGNATURE Louis D Bell
24. FUNERAL DIRECTOR Roy W. Barber Laytonsville, MD. ADDRESS

866 11

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
1950

03033

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

Reg. Dist. No. 218

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Stewartstown Md
LENGTH OF STAY (in this place) all life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Stewartstown Md
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) (First) Richard (Middle) McKenzie (Last) Hawkins

4. DATE OF DEATH (Month) Mar (Day) 31 (Year) 1950

5. SEX Male
6. COLOR OR RACE Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH May 3 - 1946
9. AGE last birthday 3 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Kermit R. Hawkins
14. MOTHER'S MAIDEN NAME Emma V. Duffin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY No. No
17. INFORMANT Kermit Hawkins

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| 812.5 Immediate cause | (a) Abdominal hemorrhage | 1/2 hr. |
| 170C Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) | |
| | (c) Large flesh wound in lower abdomen with viscera protruding | |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY highway (CITY OR TOWN) mi. Gaithersburg (COUNTY) Montg (STATE) md
TIME OF INJURY (Month) Mar (Day) 31 (Year) 50 (Hour) 6:40 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? struck by automobile

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Bosschart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 3-31-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 4/3-1950
NAME OF CEMETERY OR CREMATORY Brook Grove Md
LOCATION (City, town, or county) Laytonsville (State) Md

DATE REC'D BY LOCAL REG. Apr. 3/50
REGISTRAR'S SIGNATURE Almeda G. Cooke
24. FUNERAL DIRECTOR Roy W. Barber ADDRESS Laytonsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
APR 4 1950
BUREAU V. S

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

I

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

03034

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place) 2hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pennsylvania COUNTY Beaver
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Aliquippa
STREET ADDRESS (If rural, give location) 240 Kiehl St.

3. NAME OF DECEASED (Type or Print) (First) Helen (Middle) L. (Last) Hayden
4. DATE OF DEATH (Month) March (Day) 31st (Year) 1950
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 4/30/23
9. AGE last birthday 26 yrs. If under 1 year Months 11 Days 1 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Pennsylvania
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Philip Kovack
14. MOTHER'S MAIDEN NAME Rose Philip
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. Yes-Unknown
17. INFORMANT George Hayden

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| 819.5 Immediate cause | (a) Hemorrhage due to rupture | |
| 170 C Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) of liver and spleen | 3 hrs |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Multiple Contusions

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) highway
(CITY OR TOWN) Mt. Gaithersburg (COUNTY) Monty (STATE) md
TIME OF INJURY (Month) Mar (Day) 31 (Year) 50 (Hour) 5:50 A.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Auto accident Collision with fixed object.

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Broschart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 3-31-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial Transit
DATE THEREOF 3/31/50
NAME OF CEMETERY OR CREMATORY Aliquippa, Pa.
LOCATION (City, town, or county) Aliquippa, Pa. (State)
DATE REC'D BY LOCAL REG. Burial-Transit 4/1/50
REGISTRAR'S SIGNATURE Helen Kurvack
24. FUNERAL DIRECTOR Robert A. Humphrey ADDRESS Bethesda, Md.

RECEIVED
APR 4 1950
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

03035

Reg. Dist. No. 215

| | |
|---|---|
| 1. PLACE OF DEATH · COUNTY: Montgomery MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: District of Columbia COUNTY |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural — LENGTH OF STAY (in this place): 3 days | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital | STREET ADDRESS (If rural, give location): 44 Fenton Court, NW |

| | | | | | |
|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) | (First) Johnnie | (Middle) (n) | (Last) HIGGINS | 4. DATE OF DEATH | (Month) March, (Day) 7, (Year) 1950 |
| 5. SEX: Male | 6. COLOR OR RACE: Negroid | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married | 8. DATE OF BIRTH: 3-11-94 | 9. AGE last birthday: 55 yrs. | If under 1 year: Months 11, Days 26; If under 24 hrs.: Hours, Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): South Carolina | 12. CITIZEN OF WHAT COUNTRY? US | | |
| 13. FATHER'S NAME: Robert Higgins | | 14. MOTHER'S MAIDEN NAME: Amenda Peterson | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If year, give war or dates of service): WW1 | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS: Daughter; Hattie White, same as item #2 | | | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Myocardial Failure | Several Days |
| Antecedent cause(s) | due to | |
| Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Heart Disease, arteriosclerotic + Cor Pulmonale | Few yrs |
| | (c) | |

420.0

93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Bronchial asthma — Prob. Few yrs

| | | |
|---|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes XX No ☐ |

| | | | | |
|---|---|---|---|---|
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE) |
| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? | | |

22. I hereby certify that I attended the deceased from 4, March, 1950, to 7, March, 1950, that I last saw the deceased alive on 7, March, 1950 and that death occurred at 855 A m., from the causes and on the date stated above.

SIGNATURE: C F Park (Degree or title) ADDRESS: C.F PARK, CDR, MC, USN, U.S. Naval Hospital, Bethesda, Md — DATE SIGNED: 3/7/50

| | | | |
|---|---|---|---|
| 23. BURIAL, CREMATION REMOVAL (Specify): Removal | DATE: 3-7-50 | NAME OF CEMETERY OR CREMATORY: Springfield Church | LOCATION (City, town, or county) (State): Springfield, S.C. |
| DATE REC'D BY LOCAL REG.: 3/8/50 | REGISTRAR'S SIGNATURE: Elizabeth Willett | 24. FUNERAL DIRECTOR: W.E. Jarvis, 1432 U Street, NW Washington, DC | ADDRESS |

J.W.H. 98899

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 10 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

03036

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8717 - 2nd Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 8717 - 2nd Ave.,

3. NAME OF DECEASED (Type or Print): (First) HENRY (Middle) HOIBY (Last)

4. DATE OF DEATH (Month) (Day) (Year): March 14, 1950 19

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: May 31, 1861

9. AGE last birthday: 88 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bookbinder

10b. KIND OF BUSINESS OR INDUSTRY: U.S.Gov't.

11. BIRTHPLACE (State or foreign country): Norway

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Henry Hoiby

14. MOTHER'S MAIDEN NAME: Sarah ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Daughter: Mrs. Vernon J. Hayworth, 8717 2nd Ave. S.S. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) II INFLUENZA | 1 WEEK |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) MALIGNANT CACHEXIA | 2 MONTHS |
| | (c) CARCINOMA OF BLADDER. | 2 YEARS |

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JUNE, 1949, to MAR. 14, 1950, that I last saw the deceased alive on MARCH 14, 1950, and that death occurred at 11 30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Harry Zehner M.D. — ADDRESS: 1821 Que St, N.W. Wash. D.C. — DATE SIGNED: 3/14/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 3/17/50 — NAME OF CEMETERY OR CREMATORY: Cedar Hill Cemetery — LOCATION (City, town, or county) (State): Prince George Co., Maryland

DATE REC'D BY LOCAL REG.: Mar 17/50 — REGISTRAR'S SIGNATURE: Frances Potter

24. FUNERAL DIRECTOR — ADDRESS: Warner E. Pumphrey, Inc. Silver Spring, Md.

44614

RECEIVED
MAR 22 1950
BUREAU V. S.

03037

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 216

| | |
|---|---|
| 1. PLACE OF DEATH: COUNTY Montgomery MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda — LENGTH OF STAY (in this place) 11 yrs. | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS 4529 N. Chelsea Lane | STREET ADDRESS (If rural give location) 4529 N. Chelsea Lane |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) | (First) Anna | (Middle) Florence | (Last) Holden | 4. DATE OF DEATH | (Month) Mar. | (Day) 5 | (Year) 1950 |
| 5. SEX Female | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed | 8. DATE OF BIRTH June 8, 1867 | 9. AGE last birthday 82 yrs. | If under 1 year Months 8 | Days 25 | If under 24 hrs. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker | 10b. KIND OF BUSINESS OR INDUSTRY Own home | 11. BIRTHPLACE (State or foreign country) Unknown | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | | |
| 13. FATHER'S NAME John Coe | 14. MOTHER'S MAIDEN NAME Naomi L. Mahar | | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. None | 17. INFORMANT Mrs. Olive McCullough-Half Sister | | | | | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Metastatic Carcinoma — 3 mo

148 X Antecedent cause(s)

45 f Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of Thyroid

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| | | |
|---|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐ |
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE) |
| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from March, 1946, to March, 1950, that I last saw the deceased alive on March 4, 1950, and that death occurred at 6.30 P.m., from the causes and on the date stated above.

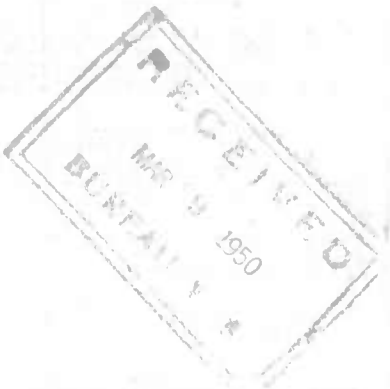
SIGNATURE (Degree or title) Lee I. Sonnen MD — ADDRESS 8016 Wingate Rd — DATE SIGNED 3/6/50

| | | | |
|---|---|---|---|
| 23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE 3/8/50 | NAME OF CEMETERY OR CREMATORY Newton Cemetery | LOCATION (City, town, or county) Dorchester (State) Mass. |
| DATE REC'D BY LOCAL REG. 3-7-50 | REGISTRAR'S SIGNATURE Helen Kurvack Jr | 24. FUNERAL DIRECTOR Robert A. Humphrey | ADDRESS Bethesda, Md. |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15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1950

MARYLAND STATE DEPARTMENT OF HEALTH

03038

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

| | |
|---|---|
| 1. PLACE OF DEATH: COUNTY: Montgomery MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Texas COUNTY: |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural | LENGTH OF STAY (in this place): 39 days |
| | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pecos |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital | STREET ADDRESS (If rural, give location): 623 South Cypress Street |

| | | | | | | |
|---|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) | (First) John | (Middle) Brodice | (Last) HUDSON Jr. | 4. DATE OF DEATH (Month) (Day) (Year) | March, 26, 1950 | 19 |
| 5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single | 8. DATE OF BIRTH: 4-24-17 | 9. AGE last birthday: 32 yrs. | If under 1 year: Months: 11 Days: 02 | If under 24 hrs.: Hours: Min.: |

| | | | |
|---|---|---|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk | 10b. KIND OF BUSINESS OR INDUSTRY: Government | 11. BIRTHPLACE (State or foreign country): Pecos, Texas | 12. CITIZEN OF WHAT COUNTRY? US |
| 13. FATHER'S NAME: John B. Hudson | | 14. MOTHER'S MAIDEN NAME: Mary Mabile | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): WWII | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS: Self on admission | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|---|
| 442X | Immediate cause | (a) Uremia and Congestive Heart Failure | about six months |
| | Antecedent cause(s) | (Hypertensive Cardiovascular | Prob. |
| 131a | Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Disease (malignant Hypertension) # 4930 | Few years, |
| | | (c) Nephrosclerosis arteriolar # 4960 (With Heart involvement) | Prob. Few yrs. |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| | | |
|---|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes XXX No ☐ |

| | | | | |
|---|---|---|---|---|
| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? | | |

22. I hereby certify that I attended the deceased from 21, FEB, 19 50, to 26 March, 19 50, that I last saw the deceased alive on 26, March, 19 50, and that death occurred at 4:25P m., from the causes and on the date stated above.

SIGNATURE C.F. Park (Degree or title) ADDRESS C.F. PARK, CDR, MC, USN, U.S. Naval Hospital, Bethesda, Md. DATE SIGNED 3/27/50

| | | | | |
|---|---|---|---|---|
| 23. BURIAL, CREMATION, REMOVAL (Specify): Removal | DATE: 3-27-50 | NAME OF CEMETERY OR CREMATORY: Evergreen Cemetery | LOCATION (City, town, or county) (State): Pecos, Texas | |
| DATE RECD BY LOCAL REG. 3/27/50 | REGISTRAR'S SIGNATURE: Elizabeth Willett | 24. FUNERAL DIRECTOR: W.W. Chambers | ADDRESS: 3072 M Street, NW, Washington, DC | |

26697

RECEIVED
MAR 28 1950
BUREAU T. S.

03039

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS MONTGOMERY COUNTY GENERAL HOSPITAL OLNEY, MD.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville Rural
STREET ADDRESS (If rural give location) #2

3. NAME OF DECEASED (Type or Print) (First) George (Middle) Jackson (Last)

4. DATE OF DEATH (Month) March (Day) 18 (Year) 1950

5. SEX MALE
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 2/24/84
9. AGE last birthday 66 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None Laborer
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (State or foreign country) MARYLAND
12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME George Jackson
14. MOTHER'S MAIDEN NAME Margaret

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs Lucinda Hoofer (daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Uremia — 1 wk.

442 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic cardiovascular renal disease — ?

131a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 16 March, 1950 to 18 March, 1950, that I last saw the deceased alive on 18 March, 1950, and that death occurred at 7:40 A.m., from the causes and on the date stated above.

SIGNATURE A. D. Bonifant (Degree or title) M.D. ADDRESS Sandy Spring Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF 3/21/50 — NAME OF CEMETERY OR CREMATORY Norbeck — LOCATION (City, town, or county) Norbeck, (State) Md

DATE REC'D BY LOCAL REG. 3-21-50 — REGISTRAR'S SIGNATURE Gertrude B Lawler — 24. FUNERAL DIRECTOR Robert L. Snowden, ADDRESS Rockville Md

866 VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

RECEIVED
MAR 24 1950
BUREAU

03040

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

Reg. Dist. No. 213

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

**1. PLACE OF DEATH**
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rockville
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

**2. USUAL RESIDENCE (HOME) OF DECEASED**
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rockville
STREET ADDRESS (If rural, give location):

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| Edward | | Johnson | Mar | 12 | 1950 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| male | Colored | widowed | April 21, 1875 | 74 yrs. | 10 | 19 | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Laborer | Janitor | Rockville, Md | U.S.A. |

13. FATHER'S NAME: William Johnson
14. MOTHER'S MAIDEN NAME: Eliza Davis

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT |
|---|---|---|
| | none | Vernon Hill |

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Coronary occlusion | Instantaneous |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) | |
| | (c) | |

420.1
94a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☐ No ☒ |

| 21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR? | | |

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| Frank J. Bouchart | M.D. | Gaithersburg Md | 3-13-50 |

| 23. BURIAL CREMATION REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| | 3/16/50 | Hasti | Rockville, Md |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 3/16/50 | Louise B. Humphreys | Robert L. Snowden | Rockville, Md. |

98483

RECEIVED
MAR 17 1950
BUREAU V. S.

03041

Evidence for changes of #14 and #17 shown on

FILM No. G 126 MAY 18 1950

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 215

| | |
|---|---|
| 1. PLACE OF DEATH: COUNTY Montgomery MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia COUNTY |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda (rural) LENGTH OF STAY (in this place) 36 days | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington. |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. NAVAL HOSPITAL | STREET ADDRESS (If rural, give location) 2015 PARK ROAD N.W. |

| | | | | | |
|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) | (First) GASTON | (Middle) DEPAZ | (Last) JOHNSTONE | 4. DATE OF DEATH | (Month) March (Day) 25 (Year) 1950 |
| 5. SEX Male | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married | 8. DATE OF BIRTH Apr 6 1873 | 9. AGE last birthday 76 yrs. | If under 1 year Months 11 Days 19; If under 24 hrs. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Commander | 10b. KIND OF BUSINESS OR INDUSTRY U.S. Navy | 11. BIRTHPLACE (State or foreign country) New York | 12. CITIZEN OF WHAT COUNTRY? US | | |
| 13. FATHER'S NAME William Johnstone | | 14. MOTHER'S MAIDEN NAME ~~Irene~~ Declifford (Saadi) | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) WWI | 16. SOCIAL SECURITY No. | 17. INFORMANT AND ADDRESS Wife: ~~Gladys~~ Daisy Irene I Johnstone 2015 Park Rd N.W Wash DC | | | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| 454X Immediate cause | (a) Aspiration pneumonia | 24 hrs. |
| Antecedent cause(s) | | |
| 83b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Cerebral thrombosis | months |
| | (c) Advanced atherosclerosis | Years |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| | | |
|---|---|---|
| 19a. DATE OF OPERATION 3/24/50 | 19b. MAJOR FINDINGS OF OPERATION Thrombosis of iliac arteries | 20. AUTOPSY? Yes ☒ No ☐ |
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) | |
| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from Feb 17, 1950, to Mar 25, 1950, that I last saw the deceased alive on Mar 25, 1950, and that death occurred at 4:35 P m., from the causes and on the date stated above.

SIGNATURE A.C. Hering (Degree or title) ADDRESS A.C. HERING, LT, MC, USN, U.S. Naval Hospital, Bethesda, Md DATE SIGNED 3/27/50

| | | | |
|---|---|---|---|
| 23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE 3/29/50 | NAME OF CEMETERY OR CREMATORY Arlington National | LOCATION (City, town, or county) (State) Arlington Virginia |
| DATE REC'D BY LOCAL REG. 3/27/50 | REGISTRAR'S SIGNATURE Elizabeth Willett | 24. FUNERAL DIRECTOR S.H. HINES | ADDRESS 2901 14TH ST NW WASH DC |

Shoe H Hines Co Inc

60846

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 28 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

03042

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY MONTGOMERY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural
LENGTH OF STAY (in this place) 1yr, 1mo, 9dy
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE West Virginia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairmont
STREET ADDRESS (If rural, give location) 118 Buffalo Avenue

3. NAME OF DECEASED (Type or Print): (First) Francis (Middle) Heath (Last) JONES

4. DATE OF DEATH: (Month) March, (Day) 20, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Caucasian

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: 12-19-91

9. AGE last birthday: 58 yrs. If under 1 year: Months 03, Days 01, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chief Commisary Steward USN, Retired

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Fairmont, West Virginia

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Heath W. Jones

14. MOTHER'S MAIDEN NAME: Emma K. Reed

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): WWI&II

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Sister: Hazel J. Riggs, same as item 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

161X Immediate cause (a) Respiratory Failure — Interval Between Onset and Death: 1 hour

47a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Epidermoid Carcinoma of the larynx — 3 yrs.

(c) Metastatic carcinoma widespread — 1 yr.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes XX No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11, FEB, 1949, to 20. MARCH, 1950, that I last saw the deceased alive on 20, MARCH, 1950, and that death occurred at 4:45 P.m., from the causes and on the date stated above.

SIGNATURE W.B. Larkin (Degree or title) ADDRESS DATE SIGNED

W. B. LARKIN, LT. Commander MC, USN, U.S. Naval Hospital, Bethesda, Md. 3/22/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: 3-23-50

NAME OF CEMETERY OR CREMATORY: Arlington National

LOCATION (City, town, or county) (State): Arlington, Virginia

DATE RECD BY LOCAL REG. 3/22/50

REGISTRAR'S SIGNATURE: Elizabeth Willett

24. FUNERAL DIRECTOR ADDRESS: S.H. Hines, 2901 14th St, NW, Washington, DC.

73296

S.H. Hines Co. S. Bedi

RECEIVED
MAR 23 1950
BUREAU V. S.

03043

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 214

**1. PLACE OF DEATH:**

County Montgomery

City or town Silver Spring
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:
1320 Dale Drive

How long in hospital or institution?

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Silver Spring
(If outside city or town limits, write RURAL and give nearest town)

Street No. 1320 Dale Drive
(If rural, give LOCATION)

2.(a) If veteran, name war

**3.(a) FULL NAME** MARIE BARBARA JUNKER

**3.(b) Social Security Number** none

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| female | white | widowed |

6.(b) Name of husband or wife Richard F. Junker

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) April 1, 1873

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 76 | 11 | 27 | ..... hrs. ..... min. |

9. Birthplace New York City
(Town, county, and state)

10. Usual occupation Housewife — retired

11. Industry or business

FATHER
12. Name Jean Weil
13. Birthplace Germany

MOTHER
14. Maiden name Josephine Gabriel
15. Birthplace New York

16. Informant Mrs. Betty Ruth McDevitt, daughter

Address 1320 Dale Drive, Silver Spring, Md.

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof March 30, 1950
(month) (day) (year)

Cemetery or crematory St. John's Cemetery

Location Forest Glen, Maryland

18. Funeral director Warner E. Pumphrey

Address 8434 Georgia Ave., Silver Spring, Md.

19. 3/31/50 19 Frances Potter
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH March 28 1950, at 4 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Person found dead in bed in A.M. to 19

and that I last saw h..... alive on ..... 19

| Immediate cause of death | DURATION |
|---|---|
| Coronary Thrombosis | 3 yrs |
| Due to | |
| Due to | |
| Other conditions Diabetes Mellitus | |

4.2.1
61
(Include pregnancy within 3 months of death)

Major findings of operations —

Date of op. —

Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work? —

23. SIGNATURE Merritt M. Cross M.D.
M. D. or other

Address 8248 Georgia Ave. Silver Spring, Md. Date signed 3/28/50

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

I

260+

Approved by Dr F. J. Broockhart, Deputy
Medical Examiner.

RECEIVED
APR 3 1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03044

# CERTIFICATE OF DEATH

Reg. Dist. No. 211

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomer; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Lewisdale Md; LENGTH OF STAY (in this place) All life; HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomy; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Lewisdale Md; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) ERNEST (Middle) (Last) KING

4. DATE OF DEATH: (Month) 3 (Day) 7 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: Dec 5. 1875.

9. AGE last birthday: 74 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Owner Farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John M King

14. MOTHER'S MAIDEN NAME: Mary Dalton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service): no

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Lulie F King

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage — Interval between onset and death: 2 days.

422.1 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic cardiovascular desease — 5 years.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 6, 1950, to March 7, 1950, that I last saw the deceased alive on March 6, 1950, and that death occurred at 4:30 A.M., from the causes and on the date stated above.

SIGNATURE James T. Kerr (Degree or title) M.D. ADDRESS Damascus, Md. DATE SIGNED March 9, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE Mar. 9. 1950 | NAME OF CEMETERY OR CREMATORY Mt Olivett | LOCATION (City, town, or county) (State) Frederick Md

DATE REC'D BY LOCAL REG. March 9, 1950 | REGISTRAR'S SIGNATURE Della N. Burdette | 24. FUNERAL DIRECTOR Roy W Barber | ADDRESS Raylonsville Md

VS. A15

000 VV

RECEIVED
MAR 14 1950
BUREAU V. S.

03045

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 214

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (Rural) Hollywood, Silver Spring
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route # 2

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (Rural) Hollywood, Silver Spring
STREET ADDRESS (If rural, give location) Route # 2

3. NAME OF DECEASED (Type or Print) (First) UNITY (Middle) WARD (Last) KING

4. DATE OF DEATH (Month) March (Day) 29 (Year) 1950

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH Jan. 23, 1891

9. AGE last birthday 59 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife

10b. KIND OF BUSINESS OR INDUSTRY Own home

11. BIRTHPLACE (State or foreign country) Glasgow, Scotland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME William Ward

14. MOTHER'S MAIDEN NAME Annie Horn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Sister: Mrs. Ann Payne, 2812 W. Mulberry St., Balt. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| 153 X Immediate cause | (a) Carcinoma Intestine (sm) | 3 years |
| 46 e Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Carcinoma Intestine | |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION Jan 1950

19b. MAJOR FINDINGS OF OPERATION Carcinoma Intestine

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 29, 1950, to March 29, 1950 that I last saw the deceased alive on March 29, 1950 and that death occurred at 2:30 P m., from the causes and on the date stated above.

SIGNATURE Patrick C Jameson (Degree or title) M.D. ADDRESS 11602 Gaave S.S DATE SIGNED 3/30/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF April 1, 1950

NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery

LOCATION (City, town, or county) (State) Washington, D. C.

DATE REC'D BY LOCAL REG. 3/31/50

REGISTRAR'S SIGNATURE Frances Potter

24. FUNERAL DIRECTOR Warner E. Pumphrey, Inc. ADDRESS Silver Spring, Md.

RECEIVED
APR 3 1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

03046

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

Reg. Dist. No. 217

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

**1. PLACE OF DEATH**
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Olney
LENGTH OF STAY (In this place): 17 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: The Montgomery County General Hospital, Inc.

**2. USUAL RESIDENCE (HOME) OF DECEASED**
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
STREET ADDRESS (If rural, give location): 1508 Ballard Street

**3. NAME OF DECEASED (Type or Print)**: (First) Charlotte (Middle) (Last) Knapp

**4. DATE OF DEATH**: (Month) March (Day) 20 (Year) 1950

**5. SEX**: Female

**6. COLOR OR RACE**: White

**7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)**: Widowed

**8. DATE OF BIRTH**: July 30, 1852

**9. AGE last birthday**: 97 yrs.

If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

**10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)**: Yank

**10b. KIND OF BUSINESS OR INDUSTRY**:

**11. BIRTHPLACE (State or foreign country)**: Massachusetts

**12. CITIZEN OF WHAT COUNTRY?**: U.S.

**13. FATHER'S NAME**: Cook

**14. MOTHER'S MAIDEN NAME**: Unk.

**15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)** (If yes, give war or dates of service):

**16. SOCIAL SECURITY NO.**:

**17. INFORMANT**:

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Myocarditis — 12 hrs.

9040 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fracture of rt hip — 17 days

1860 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home (CITY OR TOWN): Silver Spring (COUNTY): Monty (STATE): Md

TIME OF INJURY (Month) (Day) (Year) (Hour): Feb 23 1950 ? m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR?: Fell in Home

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): Frank J. Brockett M.D. — ADDRESS: Gaithersburg Md — DATE SIGNED: 3.20.50

23. BURIAL, CREMATION, REMOVAL (Specify): K — DATE THEREOF: 3-21-Shipped — NAME OF CEMETERY OR CREMATORY: Oak Hill Cemetary — LOCATION (City, town, or county) (State): Newburyport, Mass.

DATE REC'D BY LOCAL REG.: 3-20-50 — REGISTRAR'S SIGNATURE: Gertrude B Lawler — 24. FUNERAL DIRECTOR — ADDRESS: The S. H. Hines Co 2901. 14th NW Washington DC

XVX99

RECEIVED
MAR 24 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

03047

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural; LENGTH OF STAY (in this place) 81 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington; STREET ADDRESS (If rural, give location) 1142 Morse St, N.E.,

3. NAME OF DECEASED (Type or Print): (First) EDWARD (Middle) HAMILTON (Last) LAMBERT

4. DATE OF DEATH: (Month) March (Day) 10 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Mar 22 79

9. AGE last birthday: 70 yrs. If under 1 year: Months 11; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Policeman

10b. KIND OF BUSINESS OR INDUSTRY: Government

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: HENRY LAMBERT

14. MOTHER'S MAIDEN NAME: REBECCA BROWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) Span Amer

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: WIFE: Elizabeth C Lambert 1142 Morse St N.E WDC

## 18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchopneumonia — Interval Between Onset and Death: several days

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerotic Heart Disease #4700 — several yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death: Syphilis, Latent, probable date #0283

420.0 93d 0282

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 19, 1949 to Mar 10, 1950, that I last saw the deceased alive on Mar 10, 1950 and that death occurred at 10 Am., from the causes and on the date stated above.

SIGNATURE C.F. Park (Degree or title) ADDRESS DATE SIGNED

C.F.PARK,CDR,MC, USN,U.S.Naval Hospital,Bethesda,Md. 3-14-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: 3-14-50

NAME OF CEMETERY OR CREMATORY: Arlington National

LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG. 3-16-50

REGISTRAR'S SIGNATURE: Elizabeth Willett

FUNERAL DIRECTOR: W. W. Chambers

ADDRESS: 517 11TH St.SE WDC

60497 W W Chambers Co D C.

RECEIVED
MAR 20 1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03048

# CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
LENGTH OF STAY (in this place): 1yr. 7 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: New York — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Middletown
STREET ADDRESS (If rural, give location): 15 Highland Avenue

3. NAME OF DECEASED (Type or Print): (First) Harry (Middle) Hamilton (Last) LANE

4. DATE OF DEATH: (Month) (Day) (Year) 10, March, 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: 1-18-80

9. AGE last birthday: 70 yrs. — If under 1 year: Months 1 Days 22 — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Captain, MC, USN

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Middletown, New York

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If year, give war or dates of service): WWI

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Son: Thomas H. Lane, Madigan General Hospital, Tacoma, Washington

18. MEDICAL CERTIFICATION

| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Acute coronary occlusion | 4 days |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Arteriosclerotic Heart Disease | 4 years |
| | (c) Generalized arteriosclerosis<br>Cerebral arteriosclerosis with old cerebral thrombosis. | 10 years<br>5 years |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | Bronchopneumonia | 3 days |

420.0
93d

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes XXXX No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10, August 48 to 10, March 19 50, that I last saw the deceased alive on 10, March, 19 50, and that death occurred at 1055 P m., from the causes and on the date stated above.

SIGNATURE: J. E. Nardini (Degree or title) ADDRESS: J.E.NARDINI, CDR, MC, USN, U.S.Naval Hospital, Bethesda, Md DATE SIGNED: 3-13-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: 3-15-50

NAME OF CEMETERY OR CREMATORY: Arlington National

LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG. 3-13-50

REGISTRAR'S SIGNATURE: Elizabeth Willett

24. FUNERAL DIRECTOR ADDRESS: Wastler Funeral Home, 301 East Capitol St. Washington, DC

60896

V. P. P.

RECEIVED
MAR 14 1950
BUREAU V. S.

03049

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BETHESDA
LENGTH OF STAY (in this place) 25 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS SUBURBAN HOSPITAL 8600 OLD GEORGETOWN ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Mont
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington
STREET ADDRESS (If rural, give location) 60 Lincoln Ave.

3. NAME OF DECEASED (Type or Print) (First) Ralph (Middle) Lawrence (Last) Lang Jn.
4. DATE OF DEATH (Month) March (Day) 22 (Year) 1950
5. SEX male
6. COLOR OR RACE wh
7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH 3-20-50
9. AGE last birthday new born yrs. If under 1 year Months Days If under 24 hrs. Hours 25 hrs Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) new born
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Bethesda Maryland
12. CITIZEN OF WHAT COUNTRY? U.S. of N. Am.
13. FATHER'S NAME Ralph Lawrence Lang
14. MOTHER'S MAIDEN NAME Elizabeth Ann Jones
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. new born
17. INFORMANT AND ADDRESS mother - 60 Lincoln Ave - Kensington Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

769.9 Immediate cause (a) Prematurity - Level 1 Day

159 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Due to Toxic Kidney condition of Mother

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 21, 1950, to March 22, 1950, that I last saw the deceased alive on March 21, 1950, and that death occurred at 12 40 A m., from the causes and on the date stated above.

SIGNATURE Lewis Sherman MD (Degree or title) ADDRESS 8016 Georgetown Road DATE SIGNED 3/22/50

23. BURIAL, CREMATION REMOVAL (Specify) Cremation
DATE THEREOF 3-23-50
NAME OF CEMETERY OR CREMATORY Suburban Hospital
LOCATION (City, town, or county) (State) Bethesda Md.
DATE REC'D BY LOCAL REG. 3-24-50
REGISTRAR'S SIGNATURE Helen Kurvack
24. FUNERAL DIRECTOR Amelia V. Manry, Supt. ADDRESS

2-0-3-20-0-26-3-22-0

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 28 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

03050

Reg. Dist. No. 216

| | |
|---|---|
| 1. PLACE OF DEATH: COUNTY Montgomery MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda — LENGTH OF STAY (in this place) 29 yrs | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS 8130 Wisconsin Ave. | STREET ADDRESS (If rural, give location) 8130 Wisconsin Ave. |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) | (First) Joseph | (Middle) A. | (Last) Lochte | 4. DATE OF DEATH | (Month) Mar. | (Day) 11 | (Year) 1950 |
| 5. SEX Male | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH May 1, 1891 | 9. AGE last birthday 58 yrs. | If under 1 year Months 10 | Days 10 | If under 24 hrs. Hours / Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired machinist | 10b. KIND OF BUSINESS OR INDUSTRY Navy Yard Gun Factory | 11. BIRTHPLACE (State or foreign country) Montrose, Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | | |
| 13. FATHER'S NAME Charles E. Lochte | 14. MOTHER'S MAIDEN NAME Anna Gingell | | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. None | 17. INFORMANT Emma I. Trail Lochte - Wife | | | | | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| 420.1 Immediate cause | (a) Coronary occlusion | sudden death |
| 94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) | |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| | | |
|---|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒ |
| 21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE) |
| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR? |

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| Frank J. Broschart | M.D. | Gaithersburg Md | 3-11-50 |

| | | | | |
|---|---|---|---|---|
| 23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 3/14/50 | NAME OF CEMETERY OR CREMATORY St. Mary's Church Cem. | LOCATION (City, town, or county) Rockville | (State) Md. |
| DATE REC'D BY LOCAL REG. 3-13-50 | REGISTRAR'S SIGNATURE Helen Kurvack | 24. FUNERAL DIRECTOR Robert P. Humphrey | ADDRESS Bethesda, Md. | |

32697

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
DEC 19 1950
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

03051

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

Reg. Dist. No. 2-17

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Montgomery; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville; LENGTH OF STAY (In this place) life; HOSPITAL OR INSTITUTION OR STREET ADDRESS rural

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Monty; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville; STREET ADDRESS (If rural, give location) Norwood (rural)

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| James | Thomas | Lomax | Mar | 20 | 1950 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| male | col | married | July 13, 1877 | 73 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Carpenter: Mechanic | Building Work | Washington, D.C. | USA |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| William L. Lomax | Louisa Williams |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT |
|---|---|---|
| | | |

### 18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| **Immediate cause** | (a) Cerebral hemorrhage (accidental) | 1 hr. |
| 902.0 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 186a | (b) | |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☐ No ☒ |

| 21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | home | Rockville R-3 | Monty | md |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCUR? |
|---|---|---|
| Mar 20 50 8 P. m. | | Fell while repairing Sky-light |

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| Frank J. Bronstad | M.D. | Gaithersburg md | 3-21-50 |

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) | (State) |
|---|---|---|---|---|
| | 3/23/50 | Church Cemetery | Norbeck | Md. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 3-23-50 | Gertrude B Lawler | Robert L. Saunders | Rockville, Md |

VS. A15A

30804

RECEIVED
APR 5 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

03052

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring — LENGTH OF STAY (in this place): — HOSPITAL OR INSTITUTION OR STREET ADDRESS: 723 Gist ave

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Silver Spring — COUNTY: Montg. — CITY (If outside corporate limits, write RURAL, and give nearest town) OR TOWN: Silver Spring Md. — STREET ADDRESS (If rural, give location): 723 Gist avenue

3. NAME OF DECEASED (Type or Print): (First) WADE (Middle) H (Last) LOMAX

4. DATE OF DEATH: (Month) March (Day) 13 (Year) 1950

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Jan 15 88

9. AGE last birthday: 62 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Capital Transit Co

10b. KIND OF BUSINESS OR INDUSTRY: Conductor

11. BIRTHPLACE (State or foreign country): Bealton Virginia

12. CITIZEN OF WHAT COUNTRY: U.S.A

13. FATHER'S NAME: Clarence Lomax

14. MOTHER'S MAIDEN NAME: Elizabeth Botts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): World War I

16. SOCIAL SECURITY NO.: 578-10-5212

17. INFORMANT AND ADDRESS: Mrs Mamie C. Lomax 723 Gist ave. Sil. Sp.

## 18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval between onset and death: 6 mos

422.1 Antecedent cause(s)

932 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio Vascular Disease. — 2 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fractured Skull April 1948

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 19 50, to March 13, 19 50, that I last saw the deceased alive on March 13 19 50, and that death occurred at 7:15 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) A W Hawfield M.D. — ADDRESS 1150 Conn. Ave Wash D.C. — DATE SIGNED 3-15-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE 3-16-50 — NAME OF CEMETERY OR CREMATORY Cedar Hill — LOCATION (City, town, or county) (State) Suitland Rd. Prince Georges Co.

DATE REC'D BY LOCAL REG. 3/13/50 — REGISTRAR'S SIGNATURE Frances Cotton

24. FUNERAL DIRECTOR — ADDRESS: The S. H. Hines Co. 2901-14th St. N.W. Washington D.C.

420-49

RECEIVED
MAR 16 1950
BUREAU V. S.

Evidence for change of birth date shown on:

**MARYLAND STATE DEPARTMENT OF HEALTH**

2411 N. Charles Street, Baltimore

03053

FILM No. G 124 MAR 23 1950

# CERTIFICATE OF DEATH

Reg. Dist. No. 217

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brinklow | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brinklow
STREET ADDRESS (If rural give location)

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| Mary | Ann | Lynn | March | 8 | 1950 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year Months | Days | If under 24 hrs. Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Female | A. A. | Widowed | Mar. 17, 1863 | 86 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Domestic | Housekeeper | | U.S.A. |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Washington | Frances Carter |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY No. | 17. INFORMANT |
|---|---|---|
| | | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

400.1 **Immediate cause** (a) Coronary Thrombosis

96 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Aortic Aneurysm; Hypertension

(c) Cardiorenal Disease

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Asthmatic Bronchitis

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| None | | Yes ☐ No ☒ |

| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| m. | | |

22. I hereby certify that I attended the deceased from June 6, 1934, to March 8th, 1950, that I last saw the deceased alive on March 6th, 1950, and that death occurred at 12:15 P. m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| Webster Sewell | M.D. | Norbeck Md | March 10, 50 |

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| | March 11, 1950 | Sandy Spring | Sandy Spring Md |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 3-11-50 | Gertrude B Fawley | Robert L. Snowden, | Rockville, Md. |

52086

VS. A15

RECEIVED
MAR 16 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

03054

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural; LENGTH OF STAY (in this place) 4 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Alexandria; STREET ADDRESS (If rural, give location) Seminary Post Office

3. NAME OF DECEASED (Type or Print): (First) Atherton (Middle) (n) (Last) MACONDRAY Jr.

4. DATE OF DEATH: (Month) (Day) (Year) March 21, 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 7-29-00

9. AGE last birthday: 49 yrs. If under 1 year: Months 07 Days 22 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rear Admiral Retired

10b. KIND OF BUSINESS OR INDUSTRY: U.S.Navy

11. BIRTHPLACE (State or foreign country): California

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Atherton Macondray

14. MOTHER'S MAIDEN NAME: Mariquita Collier

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) WWII

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Wife: Helen Macondray, same as item 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Thrombosis Coronary artery. — Interval Between Onset and Death: 4 days

420.1 Antecedent cause(s)

9-1a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis, generalized — 1 year

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 17, March, 1950, to 21, March, 1950 that I last saw the deceased alive on 21, March, 1950, and that death occurred at 1:20P m., from the causes and on the date stated above.

SIGNATURE T.E. Garrett (Degree or title) ADDRESS DATE SIGNED

T.E. GARRETT, CDR, MC, USN, U.S.Naval Hosp. Bethesda, Md 3/21/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: Mar. 23, 1950 | NAME OF CEMETERY OR CREMATORY: Arlington National | LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG.: 3/21/50 | REGISTRAR'S SIGNATURE: Elizabeth Willett | 24. FUNERAL DIRECTOR ADDRESS: Wastler Funeral Home, 301 East Capitol Washington, D.C.

60396

RECEIVED
MAR 22 1950
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

03055

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural; LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) Quarters A Naval Gun Factory

3. NAME OF DECEASED (Type or Print): (First) Frank (Middle) James (Last) MANAHAN

4. DATE OF DEATH: (Month) March, (Day) 14, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: 10-1-1856

9. AGE last birthday: 93 yrs. If under 1 year: Months 05, Days 13; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Dept. manager

10b. KIND OF BUSINESS OR INDUSTRY: Retail-Genl Merch.

11. BIRTHPLACE (State or foreign country): Norwalk, Ohio

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Charles Sidney Manahan

14. MOTHER'S MAIDEN NAME: Mary Ann Cherry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Son: Stewart A. Manahan, Naval Gun Factory, Wash. D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchopneumonia — Interval between onset and death:

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis, senile

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No XXX

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9 March, 1950 to 14 March, 1950, that I last saw the deceased alive on 14 March, 1950, and that death occurred at 7:02 P m., from the causes and on the date stated above.

SIGNATURE R. C. McCarthy (Degree or title) LTJG, MC, USN ADDRESS U.S. Naval Hospital, Bethesda, Md. DATE SIGNED 3-15-50

23. BURIAL, CREMATION / REMOVAL (Specify): Cremation; DATE 3-15-50; NAME OF CEMETERY OR CREMATORY: Cedar Hill Crematory; LOCATION (City, town, or county) (State): Suitland, Maryland

DATE REC'D BY LOCAL REG. 3-16-50; REGISTRAR'S SIGNATURE XXX Elizabeth Willett; 24. FUNERAL DIRECTOR ADDRESS: Joseph Gawler, 1756 Pennsylvania Avenue, Washington, DC

15679

Joseph Dawler's Sons #304

RECEIVED
NOV 20 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03056

# CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH
COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
LENGTH OF STAY (in this place): 6 mo 15dys
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: District of Columbia — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 615 Maryland Ave, N.E.

3. NAME OF DECEASED (Type or Print): (First) Emanuel (Middle) (n) (Last) MANTONIS

4. DATE OF DEATH: (Month) (Day) (Year) March, 27, 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: 6-6-94

9. AGE last birthday: 55 yrs. If under 1 year: Months 09 Days 21 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook

10b. KIND OF BUSINESS OR INDUSTRY: Restaurant

11. BIRTHPLACE (State or foreign country): Greece

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: John Mantonis

14. MOTHER'S MAIDEN NAME: Irene Nistis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): WWI

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Daughter Irene Mantonis, same as item #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442 Immediate cause (a) Chronic Progressive Heart failure — Interval between onset and death:

Antecedent cause(s)

131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertensive Cardiovascular-renal disease

(c) Hypertension

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes XX No

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 14, Sept, 1950, to 27, March, 1950, that I last saw the deceased alive on 27, March 1950, and that death occurred at 8:35 A m., from the causes and on the date stated above.

SIGNATURE W.J. Smiles (Degree or title) W.J. SMILES, LTJG, MC, USN, ADDRESS U.S. Naval Hospital, Bethesda, DATE SIGNED 3/28/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: 3/30/50
NAME OF CEMETERY OR CREMATORY: Arlington National
LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG. 3/28/50
REGISTRAR'S SIGNATURE: Elizabeth Willett

24. FUNERAL DIRECTOR: W.W. Chambers, ADDRESS 511 11th St, SE Washington, D.C.

7207

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 30 1950
BUREAU F. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03057

# CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 1½ days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San + Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 10012 Rogart Rd.

3. NAME OF DECEASED (Type or Print) (First) Ida (Middle) P (Last) Margolies
4. DATE OF DEATH (Month) March (Day) 13 (Year) 1950

5. SEX Female
6. COLOR OR RACE Jewish
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Sept 15, 1909
9. AGE last birthday 40 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Russia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Mayer Perry
14. MOTHER'S MAIDEN NAME Rebecca Regardie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mr. Michael Margolies – 10012 Rogart Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

170X Immediate cause (a) Metastatic Carcinoma

Antecedent cause(s)

50 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma – Rt. Breast

(c)

INTERVAL BETWEEN ONSET AND DEATH: 3 months about 3 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Nov. 19 – 1947
19b. MAJOR FINDINGS OF OPERATION Scirrhosis Carcinoma of Rt Breast with Axillary Metastases
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 16, 1947, to 3/13, 1950, that I last saw the deceased alive on 3/12, 1950, and that death occurred at 7:14 A.m., from the causes and on the date stated above.

SIGNATURE Benjamin Isaacson (Degree or title) Physician ADDRESS 7896 Georgia Ave. Silver Spring, Md. DATE SIGNED 3/13/50

23. BURIAL, CREMATION REMOVAL (Specify) DATE 3/14/50 NAME OF CEMETERY OR CREMATORY Chev. Sholom Cem LOCATION (City, town, or county) (State) Washington D.C.

DATE REC'D BY LOCAL REG. 3/13/50 REGISTRAR'S SIGNATURE J. Wilson Dodd
24. FUNERAL DIRECTOR B. Danzansky & Son ADDRESS 3501-14th NW Washington D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 15 1950
U. S. BUREAU

Evidence for change of age shown on:

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03058

FILM No. G 12 APR 3 1950

# CERTIFICATE OF DEATH

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sandy Hill — LENGTH OF STAY (In this place): All life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Monty.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Snowhill
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) Cronin (Middle) [illegible] (Last) Matthews

4. DATE OF DEATH: (Month) March (Day) 14, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, (MARRIED), WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Nov 19, 1897

9. AGE last birthday: 52 ~~53~~ yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farm ~~None~~ Keeper

11. BIRTHPLACE (State or foreign country): Maryland.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown.

14. MOTHER'S MAIDEN NAME: Mary Bellamy.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY No.: NONE

17. INFORMANT: Mrs. Jennie Matthews.

18. MEDICAL CERTIFICATION

| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) General Carcenomatosis Stomach | 1948 |
| 151X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 46.2 | (b) Chronic ulcer Stomach (peptic) | 1947 |
| | (c) Chronic Myocarditis | 1950(?) |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | Chronic Nephritis | 1950(?) |

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1949, to 3/14, 1949, that I last saw the deceased alive on 3/14, 1950, and that death occurred at 2 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Calvin B. LeCompte M.D. ADDRESS: 61 R St. N.E. Washington DATE SIGNED: 3/15/50

23. BURIAL, CREMATION, REMOVAL (Specify): DATE THEREOF: 3/18/50 — NAME OF CEMETERY OR CREMATORY: Good Hope — LOCATION (City, town, or county) (State): Calverville, Md.

DATE REC'D BY LOCAL REG.: 3/20/50 — REGISTRAR'S SIGNATURE: Frances Potter

24. FUNERAL DIRECTOR: Robert L. Snowden — ADDRESS: Rockville, Md.

8-6 (W)

RECEIVED
MAR 21 1950
BUREAU F. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03059

# CERTIFICATE OF DEATH

Reg. Dist. No. 223-

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Montgomery. STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park. LENGTH OF STAY (in this place) 11 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hospital Takoma Park Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY? Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Indian Head
STREET ADDRESS (If rural, give location) Box 84

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| Robert. | Bertrand | Mays | 3 | 1 | 50 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min. |
|---|---|---|---|---|---|---|
| Male | White | | 12-4-1889 | 60 yrs. | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Navel Powder Factory. | Painter | Crockett Co. Tenn. | USA |

13. FATHER'S NAME Robert Daniel Mays

14. MOTHER'S MAIDEN NAME Nancy Hood Park

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Hospital Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Perforation of Duodenal Ulcer | 5 days |
| 541.1 Antecedent cause(s) | | |
| 117b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) | |
| | (c) Massive Hemorrhage in Duod. | " |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cyst left stump area Kidney — ?

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| 2-20-50 | | Yes ☑ No ☐ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| m. | | |

22. I hereby certify that I attended the deceased from 2-17, 1950, to 3-1, 1950, that I last saw the deceased alive on 2-28, 1950, and that death occurred at 1:00 A.m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| Paul V. Starr | M.D. | Takoma Park, Md. | 3-1-50 |

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 3/2/1950 | | Friendship, Tenn |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 3/1/50 | J. Williams | A.N. Chambers Co | 517-11th st. S.E. Geo. Co. Washington, D.C. |

34097

VS-A13

214 - Spruce st.

Age: missing inf. form filmed G125 4-17-50 - Dr. Nicholson. LL
Birth year: 1880.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03060

# CERTIFICATE OF DEATH

Reg. Dist. No. 211

M

The correct age

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. is especially important.

I

T

VS-A15

1. PLACE OF DEATH
COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Monrovia Md
LENGTH OF STAY (in this place) 3 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Monrovia Md
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) ERNEST (Middle) W. (Last) MCCOY

4. DATE OF DEATH (Month) 3 (Day) 25 (Year) 1950

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH (Month, Day, Year) May 9 1880

9. AGE last birthday 69 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk & Coke & Oil

10b. KIND OF BUSINESS OR INDUSTRY Office work

11. BIRTHPLACE (State or foreign country) Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John MCCoy

14. MOTHER'S MAIDEN NAME Nettie MCCoy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No

(If year, give war or dates of service) No

16. SOCIAL SECURITY NO. Lost

17. INFORMANT Joseph S. Coy

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Acute Coronary Occlusion | 12 hours. |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Marked Arteriosclerosis | 10 years |
| 420.0 93d | (c) Arteriosclerotic Heart Disease | 5 years. |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

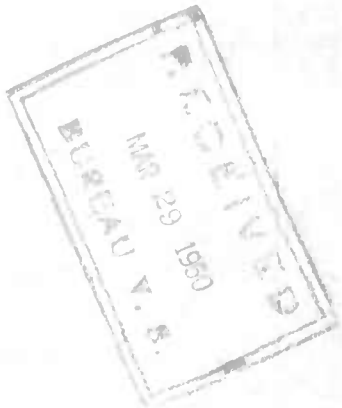
22. I hereby certify that I attended the deceased from ....., 19....., to March 25 19 50, that I last saw the deceased alive on March 25, 19 50, and that death occurred at 5:45 A.m., from the causes and on the date stated above.

| SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|
| Ralph L. Nicholson, M.D. | Damascus Maryland | 3/25/50 |

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 3/28/1950 | Brooke Dale | Olney Ohio Sarion Co |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| March 26, 1950 | Della N. Burdette | Roy W Barber | Laytonsville |

56677 MD


RECEIVED
MAR 29 1960
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03061

# CERTIFICATE OF DEATH

Reg. Dist. No. 217

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN R.F.D.#2 Silver Spring Md. | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mrs Jolliffe Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: COUNTY Montgomery STATE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN R.F.D. #2 Silver Spring Md.
STREET ADDRESS (If rural give location) Colesville Road for last 6 years

3. NAME OF DECEASED (Type or Print): (First) Martha (Middle) E. (Last) McKee
4. DATE OF DEATH: (Month) March (Day) 25 (Year) 1950
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Sept 20, 1864
9. AGE last birthday: 85 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife Retired
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Pittsburg Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John Lloyd
14. MOTHER'S MAIDEN NAME: Elizabeth Lewis
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Mrs Jolliffe

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| 331 X Immediate cause | (a) Cerebral-Vascular accident | 2 8 hrs. |
| 83a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Generalized arteriosclerosis | 2 years |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

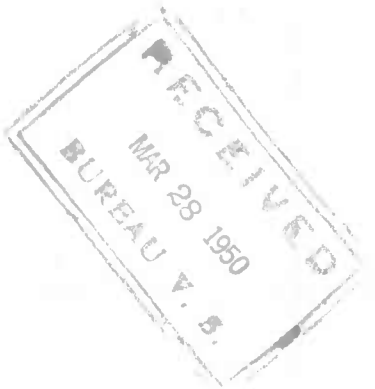
22. I hereby certify that I attended the deceased from 5-28, 19 47, to 3-25, 1950, that I last saw the deceased alive on 3-25, 1950, and that death occurred at 6 50 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Chas S. Rogers M.D. | 2009 Sampson Rd Silver Spring Md | 3-25 50

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: 3-29-50 | NAME OF CEMETERY OR CREMATORY: Richmond Va. | LOCATION (City, town, or county) (State): Richmond Va.

DATE REC'D BY LOCAL REG. 3/27/50 | REGISTRAR'S SIGNATURE: Frances Potter | 24. FUNERAL DIRECTOR: The S. H. Hines Co | ADDRESS: 2991-11th St. N.W. Washington D.C.

52086


RECEIVED
MAR 28 1950
BUREAU V. S.

Mrs Potter . . .
Will Call and give you
Date of Birth and Age
8-9 on Death Certificate

The S. H. Hines Co.
R. W. Gray

Telephone call 3/27/50 - 10 AM
Richmond Va
River View Cemetery
Sept 20, 1864 - 85 yrs.
Martha Lloyd McKee
all papers going thru
under the above name
+ not one on certificate

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

03062

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
LENGTH OF STAY (in this place): 13 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Home

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
STREET ADDRESS (If rural, give location): 5522 Greentree Rd.

3. NAME OF DECEASED (Type or Print): (First) ELVA (Middle) B. (Last) McNAMARA

4. DATE OF DEATH: (Month) March (Day) 19 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 4/12/82

9. AGE last birthday: 67 yrs. If under 1 year: Months 11 Days 7 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Book Keeper

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry D. McNamara

14. MOTHER'S MAIDEN NAME: Elize Billups

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service):

16. SOCIAL SECURITY No.: 578-03-5665

17. INFORMANT AND ADDRESS: John S. McNamara (brother) 2001 E. Capitol St. N.W.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Pneumonia - Terminal - | 2 days. |
| 443X Antecedent cause(s) | (b) Cerebral [illegible] Thrombosis | 2 days. |
| 93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (c) Cardio Vascular - Hypertension - Arteriosclerosis Disease | 10 years. |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Cerebral Thrombosis + Paraplegia — 30 Jan. 1948.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: Paraplegia

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb., 1947, to 19 March, 1950, that I last saw the deceased alive on 17 March, 1950, and that death occurred at 5:30 A.m., from the causes and on the date stated above.

SIGNATURE: John S. Bell (Degree or title): M.D. ADDRESS: 7936 Georgetown Rd. Beth. Md. DATE SIGNED: 19 March 1950

23. BURIAL, CREMATION REMOVAL (Specify): Cremation — DATE: 3/21/50 — NAME OF CEMETERY OR CREMATORY: Cedar Hill Crematory — LOCATION (City, town, or county) (State): Suitland, Md.

DATE REC'D BY LOCAL REG. 3-20-50 — REGISTRAR'S SIGNATURE: Helen Kovach — 24. FUNERAL DIRECTOR: Robert C. Dempsey — ADDRESS: Bethesda, Md.

210 94

RECEIVED
MAR 22 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03063

# CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

**1. PLACE OF DEATH**
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
LENGTH OF STAY (in this place): 1mo. 25 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S.Naval Hospital

**2. USUAL RESIDENCE (HOME) OF DECEASED**
STATE: District of Columbia — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 4020 Calvert Street, NW

**3. NAME OF DECEASED** (Type or Print): (First) Harry (Middle) Arthur (Last) McNINCH

**4. DATE OF DEATH**: (Month) March, (Day) 1, (Year) 1950

**5. SEX**: Male

**6. COLOR OR RACE**: White

**7. SINGLE, MARRIED, WIDOWED, DIVORCED** (Specify): Married

**8. DATE OF BIRTH**: 6-28-79

**9. AGE** last birthday: 70 yrs. — If under 1 year: Months 8, Days 3 — If under 24 hrs.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Private Investigator

**10b. KIND OF BUSINESS OR INDUSTRY**: Own

**11. BIRTHPLACE** (State or foreign country): Massachussets

**12. CITIZEN OF WHAT COUNTRY?**: US

**13. FATHER'S NAME**: Robert McNinch

**14. MOTHER'S MAIDEN NAME**: Frances Turner

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): Yes — (If year, give war or dates of service): SA

**16. SOCIAL SECURITY No.**:

**17. INFORMANT AND ADDRESS**: Wife: Frances McNinch, same as item 2

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Tuberculosis, pulmonary | 2 mo. |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Arteriosclerosis, generalized | 10 yrs. |
| | (c) Pulmonary embolism | 1 wk |

002X 13b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

**19a. DATE OF OPERATION**:

**19b. MAJOR FINDINGS OF OPERATION**:

**20. AUTOPSY?** Yes XXX No ☐

**21. ACCIDENT / SUICIDE / HOMICIDE** (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

**22.** I hereby certify that I attended the deceased from 6 JAN, 1950, to 1 MARCH, 1950, that I last saw the deceased alive on 1 MARCH, 1950, and that death occurred at 1025P m., from the causes and on the date stated above.

SIGNATURE: F. J. Linehan, Jr. (Degree or title): LTJG, MC, USN — ADDRESS: U.S.Naval Hospital, Bethesda, Md. — DATE SIGNED: 3/6/50

**23. BURIAL, CREMATION REMOVAL** (Specify): Burial — DATE: 3-9-50 — NAME OF CEMETERY OR CREMATORY: Arlington National — LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG.: 3/6/50 — REGISTRAR'S SIGNATURE: Elizabeth Willett

**24. FUNERAL DIRECTOR** — ADDRESS: W.W.Chambers, 3072 M Street, NW Washington, D.C.

20049 DCB

RECEIVED
MAR 7 1950
BUREAU V. S.

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03064

# CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 11 W. Melrose St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural give location) 11 W. Melrose Street

3. NAME OF DECEASED (Type or Print) (First) Katherine (Middle) Amelia (Last) Morgan

4. DATE OF DEATH (Month) March (Day) 6, (Year) 1950

5. SEX Female | 6. COLOR OR RACE W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married | 8. DATE OF BIRTH Dec. 2, 1874 | 9. AGE last birthday 74 yrs. | If under 1 year Months 3 Days 4 | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY — | 11. BIRTHPLACE (State or foreign country) Elmira, New York | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Jerome P. Hendricks | 14. MOTHER'S MAIDEN NAME Christena Donegan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) | 16. SOCIAL SECURITY No. — | 17. INFORMANT Husband. Charles Morgan

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Acute Coronary Occlusion — 15 min

131a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio-vascular-renal disease — 3 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 20, 1950, to Mar. 6, 1950, that I last saw the deceased alive on March 6, 1950, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

SIGNATURE Sidney Cbousiris (Degree or title) M.D. ADDRESS 3921 - Ingomar St. N.W. DATE SIGNED Mar 6, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 3/9/50 | NAME OF CEMETERY OR CREMATORY Rock Creek Cemetery | LOCATION (City, town, or county) Washington (State) D. C.

DATE REC'D BY LOCAL REG. 3-8-50 | REGISTRAR'S SIGNATURE Helen Kurvack | 24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS Bethesda, Md.

RECEIVED
MAR 13 1950
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03065

# CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Brookmont
MARYLAND — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland COUNTY: Montgom
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Brookmont
STREET ADDRESS (If rural, give location): 6622 Broad St. NW

3. NAME OF DECEASED (Type or Print): (First) RAYMOND (Middle) THOMAS (Last) NAGLE

4. DATE OF DEATH: (Month) Jan (Day) 6, (Year) 1950

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: June 2, 1897

9. AGE last birthday: 52 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lawyer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Montana

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles P. Nagle

14. MOTHER'S MAIDEN NAME: Ellen Toole

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): yes - WWI

16. SOCIAL SECURITY NO.:

17. INFORMANT:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Cardiac failure | 1 day |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Acute viral failure | 3 weeks |
| | (c) Periarteritis nodosa | 2½ months |

456 99

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/27, 1950, to 3/6, 1950 that I last saw the deceased alive on 3/5, 1950, and that death occurred at 7:10 A.m., from the causes and on the date stated above.

SIGNATURE: Thomas W. Murphy (Degree or title) M.D. ADDRESS: 4704 Reservoir Rd Wash D.C. DATE SIGNED: 3/6/50

23. BURIAL, CREMATION, REMOVAL (Specify):

DATE THEREOF: 3-8-50

NAME OF CEMETERY OR CREMATORY: Arlington

LOCATION (City, town, or county) (State): Arlington, Va.

DATE REC'D BY LOCAL REG.: 3-6-50

REGISTRAR'S SIGNATURE: Helen Kurrach

24. FUNERAL DIRECTOR: Joseph Gawler's Sons ADDRESS: Washington D.C.

25693

RECEIVED
1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03066

# CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BETHESDA
LENGTH OF STAY (in this place) 6 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS SUBURBAN HOSPITAL 8600 OLD GEORGETOWN ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 2420 Eccleston St.

3. NAME OF DECEASED (Type or Print) (First) William (Middle) H (Last) Nolley
4. DATE OF DEATH (Month) March (Day) 17 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower
8. DATE OF BIRTH July 16, 1878
9. AGE last birthday 71 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Unk. Custodian
10b. KIND OF BUSINESS OR INDUSTRY D.C. Public Schools
11. BIRTHPLACE (State or foreign country) Washington, D.C.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Unk.
14. MOTHER'S MAIDEN NAME Unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.0 Immediate cause (a) CEREBRAL HEMORRHAGE.

Antecedent cause(s) ARTERIOSCLEROTIC AND HYPERTENSIVE HEART

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) DISEASE, HYPERTENSION, ARTERIOSCLEROSIS.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. PROSTATISM.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MAR. 4, 1950, to MAR. 17, 1950, that I last saw the deceased alive on MAR. 17, 1950, and that death occurred at 9:57 P. m., from the causes and on the date stated above.

SIGNATURE L. Marshall Cuvillier Jr., MD (Degree or title) ADDRESS 8648 Georgia Ave., Silver Spring, Md. DATE SIGNED Mar. 17, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE 3/21/50 NAME OF CEMETERY OR CREMATORY Fort Lincoln Cem. LOCATION (City, town, or county) Prince Geo. County (State) Md.

DATE REC'D BY LOCAL REG. 3-19-50 REGISTRAR'S SIGNATURE Helen Kurvack Jr. 24. FUNERAL DIRECTOR W. W. Chambers Co. ADDRESS 1400 Chapin St. N.W. Wash. D.C.

74091

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 21 1950

03067

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 214

| | |
|---|---|
| 1. PLACE OF DEATH: COUNTY Montgomery MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Md. — LENGTH OF STAY (in this place) | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C. |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS 9100 Old Georgetown Rd. | STREET ADDRESS (If rural, give location) 629--12th. St. N.E. |

| | | | | | |
|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) (First) Louis (Middle) Peter (Last) Naylor | | | | 4. DATE OF DEATH (Month) March (Day) 28 (Year) 1950 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH 1/11/68 | 9. AGE last birthday 82 yrs. | If under 1 year Months. Days; If under 24 hrs. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retire- Copy Editor | 10b. KIND OF BUSINESS OR INDUSTRY Gov. Printing | 11. BIRTHPLACE (State or foreign country) Lombertville, N.J. | | 12. CITIZEN OF WHAT COUNTRY? | |
| 13. FATHER'S NAME William Naylor | | 14. MOTHER'S MAIDEN NAME unknown Anna Elizabeth Kelly | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) | 16. SOCIAL SECURITY No. | 17. INFORMANT AND ADDRESS Mrs. Evelyn N. Naylor 3815 Jocelyn St. N. W. | | | |

18. MEDICAL CERTIFICATION

| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Arteriosclerotic Heart Disease | 10 yrs + |
| 526X Antecedent cause(s) | | |
| 93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Senility | ✓ |
| | (c) Chr. Bronchiectasis | 10 yrs + |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| | | |
|---|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐ |
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) | |
| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from Nov, 1944, to Mar. 28, 1950, that I last saw the deceased alive on 3-25, 1950, and that death occurred at 10 A m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| Geo. R. Huffman M.D. | | 1912 R St W.B. D.C. | 3/28/50 |

| | | | |
|---|---|---|---|
| 23. BURIAL, CREMATION REMOVAL (Specify) burial | DATE 3/31/50 | NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery | LOCATION (City, town, or county) (State) Suitland, Maryland |
| DATE REC'D BY LOCAL REG. 3/29/50 | REGISTRAR'S SIGNATURE Frances Potter | 24. FUNERAL DIRECTOR S. H. Hines Co | ADDRESS 2901-14 N W Washington DC |

V0497

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 30 1950
BUREAU V.

03068

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3304 Fayette Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington
STREET ADDRESS (If rural, give location) 3302 Fayette Road

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) MARK HEATH OVERSTREET

4. DATE OF DEATH (Month) (Day) (Year) March 23, 1950 19

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single
8. DATE OF BIRTH Jan. 22, 1948
9. AGE last birthday 2 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Washington, D. C.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME William B. Overstreet
14. MOTHER'S MAIDEN NAME Dorothy Blood

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. Emma Blood, Grandmother

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

929.0 Immediate cause (a) Asphyxia by drowning (accidental) —

183 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fell in neighbors fish pond

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Frank J. Broszhart M.D. ADDRESS Gaithersburg Md DATE SIGNED 3-23-50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF March 25, 1950
NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery
LOCATION (City, town, or county) (State) Suitland, Pr. Geo. Co., Md.

DATE REC'D BY LOCAL REG. 3-24-50
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR Deal Funeral Home ADDRESS 4812 La Ave NW Washington, D.C.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

RECEIVED
MAR 27 1950
BUREAU V. S.

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03069

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 13 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg
STREET ADDRESS (If rural give location) Frederick Ave.

3. NAME OF DECEASED (Type or Print) (First) Calhoun (Middle) (Last) Patterson
4. DATE OF DEATH (Month) Mar. (Day) 2, (Year) 1950
5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widower
8. DATE OF BIRTH Nov. 9, 1871
9. AGE last birthday 78 yrs. If under 1 year Months 3 Days 23 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY Law Examiner ICC
11. BIRTHPLACE (State or foreign country) Gaithersburg, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Reynold Patterson
14. MOTHER'S MAIDEN NAME Mary Lomax
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. Yes-Unknown
17. INFORMANT Daughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| 812.5 Immediate cause | (a) Cerebral laceration | 13 days |
| 170C Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Cerebral edema | |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fractures of rt and left tibia — 13 days

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Highway
(CITY OR TOWN) Gaithersburg (COUNTY) Monty (STATE) Md
TIME OF INJURY (Month) Feb (Day) 17 (Year) '50 (Hour) 8 P.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? struck by auto

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Broschart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 3-2-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Mar. 4, 1950
NAME OF CEMETERY OR CREMATORY Rockville Union Cem.
LOCATION (City, town, or county) Rockville (State) Md.
DATE REC'D BY LOCAL REG. 3-3-50
REGISTRAR'S SIGNATURE Helen Kurosek J.
24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS Rockville, Md.

V2697

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAR 7 1950
BUREAU T. S.

03070

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH: 105 Park Valley Road
COUNTY Montgomery County MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring Maryland
LENGTH OF STAY (in this place) 3 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS 105 Park Valley Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring, Maryland.
STREET ADDRESS (If rural, give location) 105 Park Valley Rd

3. NAME OF DECEASED (Type or Print) (First) Albert (Middle) Knight (Last) Porter

4. DATE OF DEATH (Month) 3 (Day) 8 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Jan 1, 1893
9. AGE last birthday 57 yrs. If under 1 year Months 2 Days 7 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Radio Advertising
10b. KIND OF BUSINESS OR INDUSTRY Radio
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 579-09-3800
17. INFORMANT AND ADDRESS Dorthea H. Porter 105 Park Valley Rd Silver Spring Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.2 Immediate cause (a) Hypostatic Pneumonia - Heart failure — 24 hrs

131 b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Nephritis — ?

(c) Chronic Myocarditis. — ?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchial Asthma. — ?

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 7, 1950, to Mar 8, 1950, that I last saw the deceased alive on Mar 8, 1950, and that death occurred at 2:00 A.m., from the causes and on the date stated above. 3/9/50

SIGNATURE (Degree or title) R. S. Johns M.D. ADDRESS 2325 Rem. Ave N.W. Wash. D.C. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Mar 10, 1950
NAME OF CEMETERY OR CREMATORY Potomac Church Cemetery
LOCATION (City, town, or county) (State) Potomac, Maryland.

DATE REC'D BY LOCAL REG. Mar 10/50
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR Robert A Pomphrey ADDRESS 7557 Wisconsin Avenue Bethesda 14, Md.

10082

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 13 1950
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 03071 27C

**1. PLACE OF DEATH:**
County: Mont.
City or town: Bethesda
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 9 yrs. 1941
Hospital, institution, or street address where death occurred: 6015 - Melbourne Dr.
How long in hospital or institution?

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State: Maryland County: Montgomery
City or town: Bethesda
(If outside city or town limits, write RURAL and give nearest town)
Street No.: 6015 Wilburn Dr.
(If rural, give LOCATION)
2.(a) If veteran, name war:

**3. (a) FULL NAME:** Lena Rebecca Powens

**3. (b) Social Security Number:**

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| Fe | W | Wid |

6.(b) Name of husband or wife: John E. Powens
6.(c) If alive, give age: ..... years

7. Birth date of deceased (mo., day, yr.): January 24 1868

8. AGE: Years: 82 | Months: | Days: | If less than one day: ..... hrs. ..... min.

9. Birthplace: Germany (Town, county, and state)
10. Usual occupation: House Work
11. Industry or business: Own home

FATHER
12. Name: Frederick Schultz
13. Birthplace: Germany

MOTHER
14. Maiden name: Minnie Bohnert
15. Birthplace: Germany

16. Informant: Mrs. Dorothy Powens Hartley
Address: 6015 Wilburn Dr.

17. Buried (Burial, cremation, or removal. Which?) Date thereof ..... (month) (day) (year)
Cemetery or crematory: St. Patricks
Location: Geo. Md. Owensville, MD
18. Funeral director: W. H. Pumphrey & Son
Address: 5732 Ga. Ave. N.W. Wash. D.C.

19. B-4-50 19..... Helen Kurvach
(Date rec'd by registrar) Registrar

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: 3/4/50 19..... at 2:50 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 4 19 40 to Mar. 4 19 50 and that I last saw h.er alive on Mar. 4, 19 50

| Immediate cause of death | DURATION |
|---|---|
| Arterio-sclerotic heart disease | 15 yrs. |
| Due to: Failure | 2 hrs. |
| Due to: | |
| Other conditions: 420.0 | |

93d (Include pregnancy within 3 months of death)

Major findings of operation: .....
Date of op. .....
Autopsy results .....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of .....
Where did injury occur? ..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE: E. A. Aschenbach M. D. or other
Address: 1007 - 6 St., N.W. Date signed: 3/4/50

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

VS A15 9-45-15M

03072

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 245 214

1. PLACE OF DEATH: COUNTY Montgomery ~~Prince George~~ MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Avenel
LENGTH OF STAY (in this place) 6 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Montgomery ~~Prince George~~
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Avenel
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Manly (Middle) Dake (Last) Pratt
4. DATE OF DEATH (Month) Mar (Day) 7 (Year) 1950
5. SEX Male
6. COLOR OR RACE White
7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH Sept 14 1857
9. AGE last birthday 92 yrs. If under 1 year: Months Days If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Gardener
10b. KIND OF BUSINESS OR INDUSTRY Landscape
11. BIRTHPLACE (State or foreign country) New York
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Samuel Pratt
14. MOTHER'S MAIDEN NAME Gustavia Ellis
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Lester Pratt

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Cerebral Thrombosis | 3/1/50 on |
| Antecedent cause(s) | | |
| Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Hypostatic Pneumonia | 3/2/50 on |
| | (c) | |

332 X
83 b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/28/, 1950, to 3/7/, 1950, that I last saw the deceased alive on 3/2/, 1950, and that death occurred at 1 45 m., from the causes and on the date stated above.

SIGNATURE Howard Moore Md (Degree or title) 28 Carroll Ave ADDRESS Takoma Park Md DATE SIGNED 3/7/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE March 10, 1950
NAME OF CEMETERY OR CREMATORY Fairview Cemetery
LOCATION (City, town, or county) Carthage, New York (State)
DATE REC'D BY LOCAL REG. 2/7/50
REGISTRAR'S SIGNATURE James Devers
24. FUNERAL DIRECTOR J. Arthur Walters, 254 Carroll St. NW ADDRESS
2/9/50 Mrs. Francis Potter
904 VV Wash. 12. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 10 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03073

# CERTIFICATE OF DEATH

Reg. Dist. No. 223

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 40 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 209 Maple Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Mont
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural, give location) 209 Maple Avenue

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| J. | BLANCHE | RANDALL | March | 8 | 1950 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min. |
|---|---|---|---|---|---|---|
| Female | White | Widowed | April 23, 1876 | 73 yrs. | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Housewife | At Home | Virginia | USA |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| William D. Sisson | Isabelle ? |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT |
|---|---|---|
| No | — | Mrs Alice Lorena Hicks |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151X **Immediate cause** (a) Carcinoma of Stomach — Interval Between Onset and Death: 6-12 mo.

H6b **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☐ No ☒ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| m. | | |

22. I hereby certify that I attended the deceased from Dec 27, 1949, to Mar. 8, 1950, that I last saw the deceased alive on Mar 7, 1950, and that death occurred at 2 a. m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| James T. Burns | M.D. | 915 - 19th St NW Wash DC. | 3/8/50 |

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | March 9, 1950 | Glenwood Cemetery | Lincoln Rd. Washington, DC |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 3/8/50 | J. Allan Rodell | J. Arthur Walters | 254 Carroll St. NW Wash. 12. D.C. |

RECEIVED
MAR 14 1950
BUREAU V. S.

03074

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

**1. PLACE OF DEATH**
COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park
LENGTH OF STAY (in this place): 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Wash. Sanitarium & Hospital

**2. USUAL RESIDENCE (HOME) OF DECEASED**
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park,
STREET ADDRESS (If rural, give location): 917 Flower Ave.

**3. NAME OF DECEASED** (Type or Print): (First) Donald (Middle) Emmerson (Last) Rapp

**4. DATE OF DEATH**: (Month) March (Day) 17 (Year) 1950

**5. SEX**: Male

**6. COLOR OR RACE**: White

**7. SINGLE, MARRIED, WIDOWED, DIVORCED,** (Specify):

**8. DATE OF BIRTH**: Aug 5, 1928

**9. AGE last birthday**: 21 yrs. — If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Student

**10b. KIND OF BUSINESS OR INDUSTRY**:

**11. BIRTHPLACE** (State or foreign country): Johnstown, Penna.

**12. CITIZEN OF WHAT COUNTRY?**:

**13. FATHER'S NAME**: George Semler Rapp

**14. MOTHER'S MAIDEN NAME**: Hazel Read

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no or unknown) (If year, give war or dates of service): (no)

**16. SOCIAL SECURITY NO.**:

**17. INFORMANT AND ADDRESS**: Hospital Records

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY ~~LEADING~~ TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

146 Immediate cause (a) Sarcoma naso-pharynx with metastasis — 5 yrs

Antecedent cause(s)

45f Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

**19a. DATE OF OPERATION**:

**19b. MAJOR FINDINGS OF OPERATION**:

**20. AUTOPSY?** Yes ☐ No ☐

**21. ACCIDENT / SUICIDE / HOMICIDE** (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

**22.** I hereby certify that I attended the deceased from March, 1945, to Mar 17, 1950, that I last saw the deceased alive on Mar 16, 1950, and that death occurred at 5:20 a. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Read Calvert MD 7894 Ga Ave., Silver Spring Md 3-17-50

**23. BURIAL, CREMATION, REMOVAL** (Specify): BURIAL — DATE: MAR 18 1950 — NAME OF CEMETERY OR CREMATORY: GEO. WASH. MEM. CEM. — LOCATION (City, town, or county) (State): RIGGS RD, PR GEO CO, Md.

DATE REC'D BY LOCAL REG. 3/17/50 — REGISTRAR'S SIGNATURE: J. Wilson Reed

**24. FUNERAL DIRECTOR** — ADDRESS: J. ARTHUR WALTERS, 254 CARROLL ST NW TAKOMA PARK, D.C.

RECEIVED
MAR 21 1950
BUREAU V. I

03075

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ch. Ch. Md. — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 3212 Coquelin Terrace.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ch. Ch. Md.
STREET ADDRESS (If rural, give location): 3212 Coquelin Terrace.

3. NAME OF DECEASED (Type or Print): (First) W. (Middle) ELKINS (Last) REED
4. DATE OF DEATH: (Month) MAR (Day) 23 (Year) 1950
5. SEX: M.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 26 – 1881
9. AGE last birthday: 68 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Vice Pres. & Genl. Mgr.
10b. KIND OF BUSINESS OR INDUSTRY: Capital Ford Motor Co.
11. BIRTHPLACE (State or foreign country): Delaware
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Thomas E. Reed
14. MOTHER'S MAIDEN NAME: Ruth Ann Hobbs
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Alice R. Kathmeyer 1612 Noyes Dr. Silver Spring Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|---|
| 420.1 | Immediate cause | (a) Acute Cardiac Dilatation DILATATION | 1 hr. |
| 94a | Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Coronary Thrombosis | 5 years |
| | | (c) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1937, to March 23 1950, that I last saw the deceased alive on March 23, 1950, and that death occurred at 8:00 a.m., from the causes and on the date stated above.

SIGNATURE: W B Wardrop (Degree or title) MD — ADDRESS: 837 Bonifant St. Silver Spring Md — DATE SIGNED: 3/23/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 3-25-50 — NAME OF CEMETERY OR CREMATORY: Rock Creek — LOCATION (City, town, or county) (State): D. C. [illegible]

DATE REC'D BY LOCAL REG.: 3-23-50 — REGISTRAR'S SIGNATURE: Helen Hurvale — 24. FUNERAL DIRECTOR: A. H. Hinedo — ADDRESS: 2901 14th NW.

15669

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

RECEIVED
MAR 28 1950

MARYLAND STATE DEPARTMENT OF HEALTH

03076

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Montgomery; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park; LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 120 Albany Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park; STREET ADDRESS (If rural, give location): 103 Dogwood Ave.

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| CARLOTTA | S. | RICHARDSON | March | 29 | 1950 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Female | White | Widowed | April 15, 1869 | 80 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Housewife | Own home | Boston, Mass. | |

13. FATHER'S NAME: Edwin P. Smith

14. MOTHER'S MAIDEN NAME: Unknown

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS |
|---|---|---|
| no | no | Mrs. Pheobe R. Kelly, 103 Dogwood Ave., Tak. Pk., Md. |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Cardiac Decompensation | 2 wks |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Arteriosclerotic Heart Disease | 4 yrs |
| | (c) Auricular Fibrillation, Ac | 1 wk |

420.0
93d

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. —

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| — | — | Yes ☐ No ☒ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| m. | | |

22. I hereby certify that I attended the deceased from Aug 20, 1945, to Mar 29, 1950, that I last saw the deceased alive on Mar 29, 1950, and that death occurred at 1:34 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Joshua Lee ADDRESS: 1720 Conn. Ave., N.W., Wash., D.C. DATE SIGNED: 3/31/50

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | March 31, 1950 | Fort Lincoln Cemetery | Prince Georges Co., Md. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 3/30/50 | J. Wilson Dodd | Warner E. Pumphrey, Inc. | Silver Spring, Md. |

RECEIVED
APR 3 1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

03077

Reg. Dist. No. 217

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

**1. PLACE OF DEATH**
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Brookville
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

**2. USUAL RESIDENCE (HOME) OF DECEASED**
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Brookville
STREET ADDRESS (If rural, give location):

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| Lawrason | Bishop | Riggs | Mar. | 13 | 1950 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Male | White | Married | Feb. 22, 1878 | 72 yrs. | 0 | 21 | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Tax Office | Montg. Co. Court | Maryland | U.S.A. |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| John Adams Riggs | Annie Hutton |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT |
|---|---|---|
| No | None | Eleanor R. Muncaster - Daughter |

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|---|
| 420.1 | Immediate cause | (a) Coronary occlusion | Found dead in bed. |
| 94a | Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) | |
| | | (c) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☐ No ☒ |

| 21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME (Month) (Day) (Year) (Hour) OF INJURY | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| m. | | |

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| Frank J. Bonstract | M.D. | Gaithersburg Md | 3-14-50 |

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) | (State) |
|---|---|---|---|---|
| Burial | 3/16/50 | St. John's Cemetery | Olney | Md. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 3-14-50 | Gertrude B Lawler | Robert A. Humphrey | Bethesda 14, Md. |

-96

RECEIVED
APR 10 1950
BI DIVN U. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03078

# CERTIFICATE OF DEATH

Reg. Dist. No. 214

| | |
|---|---|
| 1. PLACE OF DEATH· COUNTY: Montgomery MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED· STATE: Maryland COUNTY: Montgomery |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring — LENGTH OF STAY (in this place): | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1222 Woodside Parkway | STREET ADDRESS (If rural give location): 1222 Woodside Parkway |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) | (First) SADIE | (Middle) JEANNETTE | (Last) RIPLEY | 4. DATE OF DEATH | (Month) March | (Day) 31 | (Year) 1950 |
| 5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married | 8. DATE OF BIRTH: Aug. 27, 1877 | 9. AGE last birthday: 72 yrs. | If under 1 year Months | Days | If under 24 hrs. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY: own home | 11. BIRTHPLACE (State or foreign country): Illinois | 12. CITIZEN OF WHAT COUNTRY? | | | | |
| 13. FATHER'S NAME: William E. Stoutemyer | 14. MOTHER'S MAIDEN NAME: Imogene Brooks | | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service) | 16. SOCIAL SECURITY NO.: no | 17. INFORMANT: Rev. Wm. F. Ripley - Husband | | | | | |

18. MEDICAL CERTIFICATION

| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| 420.1 Immediate cause | (a) Myocardial Infarction | 7 days |
| 93d Antecedent cause(s) | | |
| Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Coronary Arteriosclerosis | 20 yrs. |
| | (c) Hypertensive Cardiovascular Degeneration | 20 yrs. |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| | | |
|---|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐ |
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE) |
| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from March 15, 1950, to March 31, 1950, that I last saw the deceased alive on March 31, 1950, and that death occurred at 1:30 P.m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| Charles T. Carroll M.D. | | Charles T. Carroll, M.D. 6801 - 6th St., N.W., Wash., D.C | 3/31/50 |

| | | | |
|---|---|---|---|
| 23. BURIAL, CREMATION REMOVAL (Specify): Cremation | DATE: 4/1/50 | NAME OF CEMETERY OR CREMATORY: Ft. Lincoln Crematory | LOCATION (City, town, or county) (State): Prince George County, Md. |
| DATE REC'D BY LOCAL REG.: apr 3/50 | REGISTRAR'S SIGNATURE: Frances Potter | 24. FUNERAL DIRECTOR: Warner E. Pumphrey, Inc. | ADDRESS: Silver Spring, Md. |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03079

# CERTIFICATE OF DEATH

Reg. Dist. No. 217

| | |
|---|---|
| 1. PLACE OF DEATH · COUNTY: Montgomery MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Montgomery |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Olney — LENGTH OF STAY (in this place): 3 days | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring RFD #1 |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS: Montgomery Co. Gen. Hosp. | STREET ADDRESS (If rural give location): Glenmont. |

| | | | | | |
|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) | (First) George | (Middle) Alfred. | (Last) Robey | 4. DATE OF DEATH | (Month) 3 (Day) 4 (Year) 1950 |
| 5. SEX: M | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married | 8. DATE OF BIRTH: 6/19/1869 | 9. AGE last birthday: 80 yrs. | If under 1 year: Months / Days; If under 24 hrs.: Hours / Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer (retired) | 10b. KIND OF BUSINESS OR INDUSTRY: farm | 11. BIRTHPLACE (State or foreign country): Virginia | 12. CITIZEN OF WHAT COUNTRY? U.S. | | |
| 13. FATHER'S NAME: George Alfred Robey | 14. MOTHER'S MAIDEN NAME: Elizabeth | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT: Wife Isabelle Robey | | | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Uremia | 1 wk. |
| 422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Chronic Myocarditis + nephritis | 1 yr. |
| 93d | (c) Arteriosclerosis Generalized | yrs |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Parkinsonism

| | | |
|---|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐ |
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE) |
| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from Nov, 1947, to 3/4, 1950, that I last saw the deceased alive on 3/4, 1950, and that death occurred at 1:55 p.m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| C. R. Sigon | M.D. | Sandy Spring, Md | 3/4/50 |

| | | | |
|---|---|---|---|
| 23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: 3/7/1950 | NAME OF CEMETERY OR CREMATORY: Colesville, Md | LOCATION (City, town, or county) (State): Montgomery Co Md |
| DATE REC'D BY LOCAL REG.: 3-4-50 | REGISTRAR'S SIGNATURE: Gertrude B Fawler | 24. FUNERAL DIRECTOR: Roy W. Barber | ADDRESS: Laytonsville Md |

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MAR 10 1950
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03080

# CERTIFICATE OF DEATH

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Montgomery | STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring | LENGTH OF STAY (in this place) 1 month
HOSPITAL OR INSTITUTION OR STREET ADDRESS 10421 Grandin Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md | COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) 10421 Grandin Road

3. NAME OF DECEASED (Type or Print): (First) ALBERT (Middle) E. (Last) ROBINSON, SR.

4. DATE OF DEATH: (Month) March (Day) 15 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: March 23, 1877

9. AGE last birthday: 72 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Printer

10b. KIND OF BUSINESS OR INDUSTRY: Printing Shop

11. BIRTHPLACE (State or foreign country): Toronto, Canada

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Elizabeth ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If year, give war or dates of service) —

16. SOCIAL SECURITY No.: 578-34-7490

17. INFORMANT: Francis S. Robinson - son.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic Heart Disease — Interval Between Onset and Death: 6 Mos.

420.0 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Coronary occlusion with Myocardial Infarction — 6 Mos.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Influenza. — 3 DAYS

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 13, 1950, to Mar 15, 1950, that I last saw the deceased alive on Mar 14, 1950, and that death occurred at 9:45 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Lawrence J. Thomas M.D. | ADDRESS 900 17th St N.W. | DATE SIGNED 3/15/50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE March 17, 1950 | NAME OF CEMETERY OR CREMATORY Ft. Lincoln Cemetery | LOCATION (City, town, or county) Bladensburg Rd. Pr. Geo. Co. (State) Md.

DATE REC'D BY LOCAL REG. Mar 16/50 | REGISTRAR'S SIGNATURE Frances Potter | 24. FUNERAL DIRECTOR J. Arthur Walters, 254 Carroll St NW DC | ADDRESS

31014

VS. A15

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MAR 17 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

03081

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural
LENGTH OF STAY (in this place) 9hr 20min
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Kentucky COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamstown
STREET ADDRESS (If rural, give location) RFD#2

3. NAME OF DECEASED (Type or Print) (First) Robert (Middle) Lee (Last) RUNION
4. DATE OF DEATH (Month) March (Day) 12, (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 9-22-25
9. AGE last birthday 24 yrs. If under 1 year Months 05 Days 20 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Aviation Machinist
10b. KIND OF BUSINESS OR INDUSTRY U S Navy
11. BIRTHPLACE (State or foreign country) Indiana
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Charles Runion
14. MOTHER'S MAIDEN NAME Not available

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WWII
16. SOCIAL SECURITY No.
17. INFORMANT U.S.Navy records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

819.5 Immediate cause (a) Fracture of 3rd cervical vertebrae with contusion of cord — 10 hrs.

170C Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Fracture left femur. Fracture 2nd rib rt.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY highway (CITY OR TOWN) Snow Hill (COUNTY) (STATE) md
TIME OF INJURY (Month) Mar (Day) 12 (Year) 50 (Hour) 2A m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? auto accident Collision with fixed object.

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Brosshart (Degree or title) M.D. ADDRESS Gaithersburg md DATE SIGNED 3-13-50

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF 3-13-50
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State) Covington, Kentucky

DATE REC'D BY LOCAL REG. 3-14-50
REGISTRAR'S SIGNATURE Elizabeth Willett
24. FUNERAL DIRECTOR ADDRESS Wastler Funeral Home, 301 East Capitol Street, Washington, DC
Wastler Funeral Home 22696

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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MAR 15 1950
BUREAU V. E.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03082

# CERTIFICATE OF DEATH

Reg. Dist. No. 213

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville; LENGTH OF STAY (in this place) 2 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Monty; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville; STREET ADDRESS (If rural give location)

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| Elizabeth | Marcella | Russell | March | 4 | 1950 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Female | Colored | Single | Jan 25, 1947 | 3 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| | NONE | Frederick, Maryland | USA |

13. FATHER'S NAME: Daniel Yanks.

14. MOTHER'S MAIDEN NAME: Virginia Russell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Virginia Russell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| 501X Immediate cause | (a) Tracheobronchitis | 2 days. |
| 106C Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) — | |
| | (c) — | |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| none | none | Yes ☐ No ☑ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| m. | | |

22. I hereby certify that I attended the deceased from March 4, 1950, to March 4 1950, that I last saw the deceased alive on March 4, 1950, and that death occurred at 2 P. m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| Wm R. Leatherwood | M.D. | Rockville, Md. | 3/4/50. |

| 23. BURIAL / CREMATION / REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| | March 7, 1950 | Sugar Land | Sugarland Monty. Md |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 3/7/50 | Louise B. Humphreys | R. L. Snowden | Rockville, Md |

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BUREAU V. S.

03083

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 215

| | |
|---|---|
| 1. PLACE OF DEATH COUNTY: Montgomery MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED STATE: District of Columbia COUNTY |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural — LENGTH OF STAY (in this place): 1mo 20day | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S.Naval Hospital | STREET ADDRESS (If rural, give location): 1815 A Street, SE |

| | | | | | |
|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) | (First) Fritz | (Middle) William | (Last) SABLANTZKI | 4. DATE OF DEATH | (Month) MARCH (Day) 11, (Year) 1950 |
| 5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married | 8. DATE OF BIRTH: 3-31-88 | 9. AGE last birthday: 61 yrs. | If under 1 year: Months 11, Days 10; If under 24 hrs.: Hours, Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Musician Retired | 10b. KIND OF BUSINESS OR INDUSTRY: U,S.Navy | 11. BIRTHPLACE (State or foreign country): Germany | 12. CITIZEN OF WHAT COUNTRY? US | | |
| 13. FATHER'S NAME: Frederick Sablantzki | | 14. MOTHER'S MAIDEN NAME: Augusta Derdat | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes | (If year, give war or dates of service): WWI&II | 16. SOCIAL SECURITY No. | 17. INFORMANT AND ADDRESS: Wife: Alize Sablantzki, same as item #2 | | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Arteriosclerosis

162 Antecedent cause(s)

47c Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Bronchogenic Carcinoma

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| | | |
|---|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes XXX No ☐ |
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE) |
| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from 10, Jan, 1950 to 11, March, 1950, that I last saw the deceased alive on 11, March, 1950, and that death occurred at 440A m., from the causes and on the date stated above.

SIGNATURE J.M. Hanner (Degree or title) ADDRESS DATE SIGNED

J.M. HANNER, CDR, MC, USN, U.S.Naval Hospital, Bethesda, Md 3-12-50

| | | | |
|---|---|---|---|
| 23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: 3-15-50 | NAME OF CEMETERY OR CREMATORY: Arlington National | LOCATION (City, town, or county) (State): Arlington, Virginia |
| DATE REC'D BY LOCAL REG.: 3-12-50 | REGISTRAR'S SIGNATURE: Elizabeth Willett | 24. FUNERAL DIRECTOR: W.W.Chambers, 517 11th St SE Washington, D.C, | ADDRESS |

R.A.M. 60896

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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BUREAU OF S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03084

# CERTIFICATE OF DEATH

Reg. Dist. No. 223-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park | LENGTH OF STAY (in this place) 2½ Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington D.C.
STREET ADDRESS (If rural, give location) Zag 2901 25th St. N.E.

3. NAME OF DECEASED (Type or Print): (First) Sophie (Middle) Emma (Last) Sagnotty
4. DATE OF DEATH: (Month) March (Day) 18 (Year) 1950
5. SEX: Fe
6. COLOR OR RACE: Caucasian
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 14, 1869
9. AGE last birthday: 81 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Switzerland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: (unknown 1st name) Girardin
14. MOTHER'S MAIDEN NAME: Eugenie (last name unknown)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Washington San. Hosp. Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Congestive Cardiac Failure | Five days. |
| 260× Antecedent cause(s) | | |
| 61 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Broncho-pneumonia. | Terminal |
| | (c) Diabetes Mellitus | 14 years |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-15-, 1950, to 3-18-, 1950, that I last saw the deceased alive on 3-17-, 1950, and that death occurred at 5:40 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Robert A. Hare M.D. | Takoma Park Md. | 3/18/50

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)
March 20 1950 | Ft. Lincoln | Colmar Manor Md

DATE REC'D BY LOCAL REG. 3/18/50- | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS
Wm. J. Malley | 3200-B. 9. ave. Mt. Rainier, Md

Wilson Dodd
216-222
Spruce

RECEIVED
MAR 21 1950
BUREAU V. E.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03085

# CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
LENGTH OF STAY (in this place) 9 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3911 W. Leland St. ~~Helen Van Derveer~~

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase Md
STREET ADDRESS (If rural, give location) 3911 W. Leland Street

3. NAME OF DECEASED (Type or Print) (First) Helen (Middle) Van Derveer (Last) Salisbury
4. DATE OF DEATH (Month) 3 (Day) 16 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Jan 27, 1889
9. AGE last birthday 61 yrs. If under 1 year: Months 1, Days 19; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Elizabeth New Jersey
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Spencer A Van Derveer
14. MOTHER'S MAIDEN NAME Luella Grace Lockley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Mr. Harold M. Salisbury 3911 Leland St Chevy Chase, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hypostatic pneumonia with respiratory failure

151 Antecedent cause(s)

46b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of stomach with metastasis

(c) to liver peritoneum + other vital structures.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Macrocytic Anemia; malnutrition with cachexia

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION none
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1949, to March, 1950, that I last saw the deceased alive on March 16, 1950, and that death occurred at 11:30 A.m., from the causes and on the date stated above.

SIGNATURE Philip E. Jones, M.D. (Degree or title) ADDRESS 904 Ellsworth Drive Silver Spring, Maryland DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Cremation
DATE 3/18/50
NAME OF CEMETERY OR CREMATORY Cedar Hill Crematory
LOCATION (City, town, or county) Suitland (State) Md.
DATE REC'D BY LOCAL REG. 3-17-50
REGISTRAR'S SIGNATURE Helen Kurvack
24. FUNERAL DIRECTOR Robert A. Humphrey ADDRESS Bethesda 14, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 20 1950
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03086

# CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BETHESDA — LENGTH OF STAY (In this place): 15 hrs 23 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS: SUBURBAN HOSPITAL 8600 OLD GEORGETOWN ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Springs
STREET ADDRESS (If rural, give location): 1012 N. Noyes Drive

3. NAME OF DECEASED (Type or Print) (First) Gustave (Middle) H (Last) Schulze
4. DATE OF DEATH (Month) 3 (Day) 3 (Year) 1950
5. SEX: Male — MALE
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 5, 1885
9. AGE last birthday: 64 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Druggist
10b. KIND OF BUSINESS OR INDUSTRY: Retail
11. BIRTHPLACE (State or foreign country): Wash. D. C.
12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME: Gustave H Schulze
14. MOTHER'S MAIDEN NAME: Theresa Becker
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.: 215-26-3254
17. INFORMANT AND ADDRESS: Ashby A. Schulze — Dr. 1012 N. Noyes

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331x Immediate cause (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: Sudden

Antecedent cause(s)

830 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 1, 1950, to March 2, 1950, that I last saw the deceased alive on March 2, 1950, and that death occurred at 1:23 A m., from the causes and on the date stated above.

SIGNATURE: Leo J. Sonnen MD (Degree or title) — ADDRESS: 8016 Newington Road — DATE SIGNED: 3/3/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 3/6/50 — NAME OF CEMETERY OR CREMATORY: Park Heights Cemetery — LOCATION (City, town, or county): Brunswick, Frederick Co. (State): Md.

DATE REC'D BY LOCAL REG.: 3/4/50 — REGISTRAR'S SIGNATURE: Helen Kurvack — 24. FUNERAL DIRECTOR: Warner E. Pumphrey, Inc. — ADDRESS: Silver Spring Md.

V3070

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 7 1950
BUREAU V. S.

03087

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 223-

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park | LENGTH OF STAY (in this place) 3 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5 Grant Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural, give location) 5 Grant Avenue

3. NAME OF DECEASED (Type or Print): (First) NOLA (Middle) REED (Last) SCOTT
4. DATE OF DEATH: (Month) March (Day) 3 (Year) 1950

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: July 21, 1870
9. AGE last birthday: 79 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Indiana County, Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wm. L. Reed
14. MOTHER'S MAIDEN NAME: ? Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mr. John Reed Scott, (son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| 443 X Immediate cause | (a) Cerebral Hemorrhage. | 10 Days. |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d | (b) Hypertension Heart Disease | 8-10 yrs. |
| | (c) Arteriosclerosis, Hemorrhage | 8-10 yrs. |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

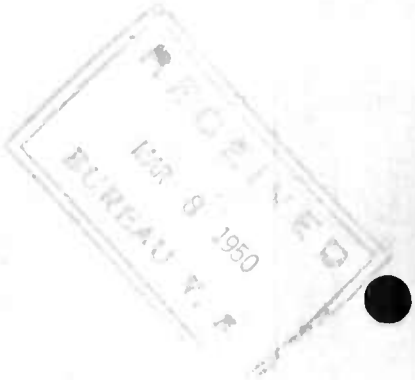
TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 Nov., 1948, to 3 March, 1950, that I last saw the deceased alive on 2 March, 1950, and that death occurred at 5 00 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
S B Queen M.D. | 112 Willow Ave. Takoma Park, Md. | 3-3-50.

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE March 5, 1950 | NAME OF CEMETERY OR CREMATORY Greenwood Cemetery | LOCATION (City, town, or county) Indiana | (State) Pa.

DATE REC'D BY LOCAL REG. 3/3/50 | REGISTRAR'S SIGNATURE J. Wm Reed | 24. FUNERAL DIRECTOR J. Arthur Walters | ADDRESS 254 Carroll St. NW Wash. 12, DC


RECEIVED
FEB 8 1950
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03088

# CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 98 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D. C.
STREET ADDRESS (If rural, give location) 1208 C St. N.E.

3. NAME OF DECEASED (Type or Print) (First) Mrs. Bessie (Middle) Dorothy (Last) Sharpe

4. DATE OF DEATH (Month) March (Day) 24 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH Feb. 18, 1888
9. AGE last birthday 62 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) New York, N.Y.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Saul Freeman
14. MOTHER'S MAIDEN NAME Sarah - ? (unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Washington Sanitarium Records, Tk. Pk. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X Immediate cause (a) Generalized Carcinomatosis

Antecedent cause(s) Carcinoma of Sigmoid, - Liver,

55e Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) aortic glands etc.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus

INTERVAL BETWEEN ONSET AND DEATH: 6 months. ?

19a. DATE OF OPERATION 12-28-49.
19b. MAJOR FINDINGS OF OPERATION Ca of Sigmoid, Liver, + throat abrasion.
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 15, 1949, to March 24, 1950, that I last saw the deceased alive on 3-24, 1950, and that death occurred at 7.00 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Paul Eanet MD - 4847 - 2d Ave, 3-24-50.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 3-27A/50
NAME OF CEMETERY OR CREMATORY Cedar Hill
LOCATION (City, town, or county) Suitland (State) Md.

DATE REC'D BY LOCAL REG. 3/24/50
REGISTRAR'S SIGNATURE J. Hilton Dodd
24. FUNERAL DIRECTOR Francis J. Collins 3821-14 St. N.W. Wash. DC
ADDRESS

52086

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 28 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03089

# CERTIFICATE OF DEATH

Reg. Dist. No. 217

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Rockville RFD #3
LENGTH OF STAY (in this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cloverly

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland. COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural ~~State~~ Rockville RFD #3
STREET ADDRESS (If rural give location) Cloverly.

3. NAME OF DECEASED (Type or Print) (First) Annie (Middle) Lynard. (Last) Sherrich

4. DATE OF DEATH (Month) 3 (Day) 11 (Year) 1950

5. SEX F

6. COLOR OR RACE W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH 6-27-1858

9. AGE last birthday 91 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired

10b. KIND OF BUSINESS OR INDUSTRY Housework

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME John Jackson Lynard.

14. MOTHER'S MAIDEN NAME Christine Elizabeth Frankfoter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. —

17. INFORMANT Son, Harvey Sherrich

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | | Interval Between Onset and Death |
|---|---|---|---|
| 443X | Immediate cause | (a) Cerebrovascular Accident | 1 Day. |
| 93d | Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Hypertensive Cardiovascular Disease | yrs |
| | | (c) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2, 19 49, to 3/11, 19 50, that I last saw the deceased alive on 3/7, 19 50, and that death occurred at 5:00 a.m., from the causes and on the date stated above.

SIGNATURE Harvey — (Degree or title) MD — ADDRESS Sandy Spring, Md — DATE SIGNED 3/11/50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Mar 14/50 — NAME OF CEMETERY OR CREMATORY Manchester — LOCATION (City, town, or county) Carroll Co (State) Md

DATE REC'D BY LOCAL REG. 3-11-50 — REGISTRAR'S SIGNATURE Gertrude B Fowler — 24. FUNERAL DIRECTOR Edw. A. Tipton — ADDRESS Homestead Md

VS. A15

RECEIVED
MAR 16 1950
BUREAU V. R.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

03090

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

**1. PLACE OF DEATH**
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BETHESDA
LENGTH OF STAY (in this place): 4 dys 5 hrs 35 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS: SUBURBAN HOSPITAL 8600 OLD GEORGETOWN ROAD

**2. USUAL RESIDENCE (HOME) OF DECEASED**
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rockville
STREET ADDRESS (If rural, give location): Turner's Lane

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| Flora | Cumelia | Shreve | 3 | 7 | 1950 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Female | White | Married | Oct. 22 1879 | 70 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| housewife | Own home | Virginia | U.S. |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| John Haley | Flora Virginia Bowers |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS |
|---|---|---|
| | | Seymour Shreve - Turner's |

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardio - vascular disease & asthma, and Terminal Bronchial pneumonia

422.1 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☐ No ☒ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) | (Day) | (Year) | (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|---|---|---|
| | | | m. | | |

22. I hereby certify that I attended the deceased from 6 Mar., 1950, to 7 Mar., 1950, that I last saw the deceased alive on 7 Mar., 1950, and that death occurred at 12:05 A.M., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| Richard N. Johnson | M.D. | Suburban Hosp, Md. | 7 Mar. 50 |

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Removal | 3/7/50 | Calvary Cem. | Stewarts Draft. Va. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 3-7-50 | ~~C. Johnson, M.D.~~ Helen Kurvacky | W.D. Chambers Co | 1400 Eyprint St Wash DC |

RECEIVED
MAR 9 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

03091

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural — LENGTH OF STAY (in this place): 21 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: District of Columbia — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 740 F Street, SW

3. NAME OF DECEASED (Type or Print): (First) Albert (Middle) (n) (Last) SMITH

4. DATE OF DEATH: (Month) (Day) (Year): March, 24, 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 3-25-88

9. AGE last birthday: 61 yrs. If under 1 year: Months: 11 Days: 29 If under 24 hrs.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House-painter

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington, DC

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Scott S. Smith

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If year, give war or dates of service): WWII

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Wife; Mary Smith, same as item 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Tuberculosis, Pulmonary Active | ? |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Cachexia | ? |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes XX No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 23, March 19 50, to 24, March, 19 50, that I last saw the deceased alive on 24, March, 19 50 and that death occurred at 950A m., from the causes and on the date stated above.

SIGNATURE: Wade H. Bowell (Degree or title) — ADDRESS: W.H. BOSWELL. LT. MC. USN. U.S. Naval Hospital, Bethesda, Md. — DATE SIGNED: 3/27/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: 3-28-50

NAME OF CEMETERY OR CREMATORY: Arlington National

LOCATION (City, town, or county) (State): Arlington Virginia

DATE REC'D BY LOCAL REG.: 3/27/50

REGISTRAR'S SIGNATURE: Elizabeth Willett

FUNERAL DIRECTOR — ADDRESS: W.W. Chambers, 517 11th Street, SE Washington, DC

O.M.K.

RECEIVED
MAR 28 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03092

# CERTIFICATE OF DEATH

Reg. Dist. No. 2 1 7

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH · COUNTY Montgomery · CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Olney Md · MARYLAND · LENGTH OF STAY (in this place) 7 days · HOSPITAL OR INSTITUTION OR STREET ADDRESS Montgomery Co Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland · COUNTY Montgomery · CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Clarksburg Md · STREET ADDRESS (If rural give location) Olney Md

3. NAME OF DECEASED (Type or Print) (First) WILLIAM (Middle) O (Last) SOPER

4. DATE OF DEATH (Month) 3 (Day) 27 (Year) 1950

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH June 6 1877

9. AGE last birthday 72 yrs. · If under 1 year: Months · Days · If under 24 hrs.: Hours · Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired

10b. KIND OF BUSINESS OR INDUSTRY Owner Farmer

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME W W Soper

14. MOTHER'S MAIDEN NAME Catherine Jane King

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No · (If year, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT Mary S. Soper

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

260 Immediate cause (a) Intra-Cranial Hemorrhage, left internal capsule — Interval Between Onset and Death: 6 days

Antecedent cause(s)

61 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerosis, grade, severe

(c) Diabetes Mellitus

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION · 19b. MAJOR FINDINGS OF OPERATION · 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) · PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) · (CITY OR TOWN) · (COUNTY) · (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. · INJURY OCCURRED While at Work ☐ Not While At work ☐ · HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 20, 1950, to Mar. 27, 1950, that I last saw the deceased alive on Mar. 27, 1950, and that death occurred at 3 00 a.m., from the causes and on the date stated above.

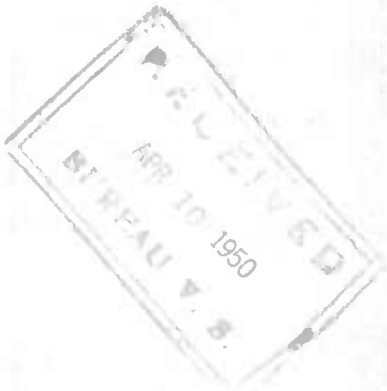
SIGNATURE · (Degree or title) · ADDRESS · DATE SIGNED

Jack Schumacher M.D. · Barthesburg Md. · Mar. 29, 1950.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial · DATE 3/29/1950 · NAME OF CEMETERY OR CREMATORY Mt Olivet · LOCATION (City, town, or county) Frederick · (State) Md

DATE REC'D BY LOCAL REG. 3-29-50 · REGISTRAR'S SIGNATURE Gertrude B. Lawler · 24. FUNERAL DIRECTOR Roy W Barber · ADDRESS Laytonsville Md

VS-A15


RECEIVED
APR 10 1950
BUREAU OF S.

Evidence for change of age shown on:

03093

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

FILM No. G 1 ... MAR 16 1950

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 749 Silver Spring Avenue

3. NAME OF DECEASED (Type or Print) (First) JOHN (Middle) ROBERT (Last) SOUSA
4. DATE OF DEATH (Month) March (Day) 8 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH March 27, 1884
9. AGE last birthday 65 ~~66~~ yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Draftsman
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Honolulu, T. H.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS Wife Mrs. Mary Adams Sousa, 749 Silver Spring Ave. Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| 450.0 Immediate cause | (a) Acute Cerebral & Pulmonary Edema | 24 hours |
| 117a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Hypertrophy - Right Heart | ? |
| | (c) Generalized Arterio-Sclerosis | years |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Focal lesion - left Basal ganglion Gastric ulcer

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/7, 1950, to 2/8, 1950, that I last saw the deceased alive on 2/8, 1950, and that death occurred at 2:40 P.m., from the causes and on the date stated above.

SIGNATURE Merritt Dyckes (Degree or title) M.D. ADDRESS 8248 Georgia ave. Silver Spring, Md. DATE SIGNED 3/9/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF March 11, 1950
NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery
LOCATION (City, town, or county) (State) Washington, D. C.

DATE REC'D BY LOCAL REG. 3/10/50
REGISTRAR'S SIGNATURE Helen Kurvack
24. FUNERAL DIRECTOR Warner E. Pumphrey, Inc. ADDRESS Silver Spring, Md.

V 62-99

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 13 1950
U. S. PATENT OFFICE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03694

# CERTIFICATE OF DEATH

Reg. Dist. No. 223

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park; LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San. & Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Dist. of Columbia; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington D.C.
STREET ADDRESS (If rural, give location) 3417 14 St. NW.

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| Barbara | Dolina | Stephen | March | 9 | 1950 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Female | White | married | May 6, 1879 | 70 yrs. | | | | |

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Scotland
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: John Gunn
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Husband and Hospital Records,

18. MEDICAL CERTIFICATION

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | |
| 331 X Immediate cause | (a) Cerebral Hemorrhage - Left Temp-Parietal lobe | Seven days |
| Antecedent cause(s) | | |
| 83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Hypertension and | 4 years |
| | (c) Generalized arteria sclerosis | 4 years |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☑ No ☐ |
|---|---|---|
| | | |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| m. | | |

22. I hereby certify that I attended the deceased from March 3, 1950, to March 9, 1950, that I last saw the deceased alive on March 9, 1950, and that death occurred at 9:39 A.m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| Wallace M. Mark | M.D. | 105 Carroll Ave. Takoma Pk. Md. | 3-9-50 |

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) | (State) |
|---|---|---|---|---|
| | 3/11/50 | Ft. Lincoln Cem | Ft. Lincoln | Md |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 3/9/50 | J. Holmes Dodd | W. W. Chambers Co | 1400 Chapin St. NW. Wash. D.C. |

RECEIVED
MAR 14 1950
BUREAU V. S.

Evidence for change of birth date shown on: The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03095

# CERTIFICATE OF DEATH

Reg. Dist. No. 213

FILM No. G 125 MAR 31 1950

| | |
|---|---|
| 1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY MONTGOMERY |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park. — LENGTH OF STAY (in this place) 11 hr - 25 min | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cabin John |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hosp. Takoma Park. — Md. | STREET ADDRESS (If rural, give location) 6417 — 78th St. |

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| Mary | Frances | Strother | 3 | 20 | 1950 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months. Days | If under 24 hrs.: Hours Min. |
|---|---|---|---|---|---|---|
| Female | White | | 10-9-1875 | 74 yrs. | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Housewife | | Virginia | U.S.A. |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Alfred C Strother | Marguerite Templeman |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) | 16. SOCIAL SECURITY No. | 17. INFORMANT AND ADDRESS |
|---|---|---|
| | | Hospital Records. |

## 18. MEDICAL CERTIFICATION

| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Acute Congestive Cardiac Failure | terminal |
| 481X Antecedent cause(s) | | |
| 331- Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Influenza | Few days |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☐ No ☒ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| m. | | |

22. I hereby certify that I attended the deceased from 3/19, 1950, to 3/20, 1950, that I last saw the deceased alive on 3/20, 1950, and that death occurred at 5:20 p.m., from the causes and on the date stated above.

| SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|
| Robert A Sure MD | Takoma Park, Md. | 3/20/50 |

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) | (State) |
|---|---|---|---|---|
| | 3/23/50 | Rockland Methodist Cem | Warren Co. | Va |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 3/20/50 | J. Millian Dodd | Robert A. Humphreys | Bethesda, Md |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Physicians: please write the causes of death clearly and legibly. It is especially important.

VS. A15

Cleared with Coroner
RHH.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03096

# CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: MONTGOMERY — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CHEVY CHASE
LENGTH OF STAY (in this place): 7 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND — COUNTY: MONT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CHEVY CHASE
STREET ADDRESS (If rural give location): 7121 Curtis St.,

3. NAME OF DECEASED (Type or Print): (First) GALE (Middle) MARGARET O. (Last) TALBOT

4. DATE OF DEATH: (Month) MARCH (Day) 9 (Year) 1950

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Sep 14, 1874

9. AGE last birthday: 75 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Comanche, Texas

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Milton Brown

14. MOTHER'S MAIDEN NAME: Grace Vedder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Mr. Wright - son-in-law

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

260 X 61

Immediate cause (a) Myocardial infarction — Interval between onset and death: 12 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerosis

(c) Diabetes mellitus — 12 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 9, 1942, to March 9, 1950, that I last saw the deceased alive on March 9, 1950, and that death occurred at 1:20 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

E. Clarence Rice, M.D. 1150 Conn. Ave., N.W., Washington D.C. 3/9/50.

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: Mar 11, 1950

NAME OF CEMETERY OR CREMATORY: Cedar Hill Cemetery

LOCATION (City, town, or county) (State): Suitland, Pr. Geo, Md.

DATE REC'D BY LOCAL REG. 3-10-50

REGISTRAR'S SIGNATURE: Helen Kurwack

24. FUNERAL DIRECTOR ADDRESS: Joseph Gawler's Sons 1756 Pa. Ave. nw D.C.

WI 3118

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03097

# CERTIFICATE OF DEATH

Reg. Dist. No. 213

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS-A15

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rockville
   LENGTH OF STAY (in this place):
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: 109 Forest Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Montgomery
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rockville
   STREET ADDRESS (If rural, give location): 109 Forest Ave.

3. NAME OF DECEASED (Type or Print): (First) Katherine (Middle) Choate (Last) Talbott

4. DATE OF DEATH: (Month) Mar. (Day) 6 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Sept. 28, 1871

9. AGE last birthday: 78 yrs. If under 1 year: Months 5, Days 8, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Warren Choate

14. MOTHER'S MAIDEN NAME: Katherine Ragan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Allison H. Chapin - Daughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) CEREBRAL THROMBOSIS — 14 DAYS

420.0

Antecedent cause(s)

93d

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) HYPERTENSIVE ARTERIOSCLEROTIC HEART DISEASE — 15 YEARS

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JANUARY 4 1950, to MARCH 6, 1950, that I last saw the deceased alive on MARCH 5, 1950, and that death occurred at 7:40 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Gordon S. Rosenberger M.D. — Rockville, Md. — 3/6/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: 3/8/50 | NAME OF CEMETERY OR CREMATORY: Rockville Union Cem. | LOCATION (City, town, or county): Rockville (State): Md.

DATE REC'D BY LOCAL REG.: 3/8/50 | REGISTRAR'S SIGNATURE: Louise B. Humphreys | 24. FUNERAL DIRECTOR: Robert A. Humphreys | ADDRESS: Bethesda, Md.

RECEIVED
MAR 10 1950
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03698

# CERTIFICATE OF DEATH

Reg. Dist. No. 2237

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park. — LENGTH OF STAY (in this place): 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington San + Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Burnt Mills Hills Silver Spring
STREET ADDRESS (If rural, give location): Gatewood Avenue

3. NAME OF DECEASED (Type or Print): (First) Margaret (Middle) Josephine (Last) Thompson

4. DATE OF DEATH: (Month) 3 (Day) 14 (Year) 1950

5. SEX: female

6. COLOR OR RACE: Caucasian

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 10-23-68

9. AGE last birthday: 81 yrs. If under 1 year: Months 4, Days 19, If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Conn.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Sullivan

14. MOTHER'S MAIDEN NAME: Johanna.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): Unknown

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Daughter — Gatewood Ave. — Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Coronary Thrombosis & congestive Heart failure. | 4 wks |
| Antecedent cause(s) | | |
| Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Generalized arteriosclerosis | 10 yrs |
| | (c) | |

420.1
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 4, 19 50, to March 14, 19 50, that I last saw the deceased alive on 3-14-50, 19....., and that death occurred at 1 32 p m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Kenneth Hughes MD — ADDRESS: 8252 Georgia Ave Silver Spring Md. — DATE SIGNED: 3-14-50

23. BURIAL, CREMATION, REMOVAL (Specify): Trans. & Burial — DATE: 3/16/50 — NAME OF CEMETERY OR CREMATORY: Ferncliff Cemetery — LOCATION (City, town, or county) (State): Ardsley. New York

DATE REC'D BY LOCAL REG.: Mar 15, 1950 — REGISTRAR'S SIGNATURE: J. W. Dudley Deputy Reg.

24. FUNERAL DIRECTOR — ADDRESS: Warner E. Pumphrey, Inc. Silver Spring, Md.

RECEIVED
MAR 21 1950
BUREAU V. I.

03099

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 216

M

C

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T

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda Md
LENGTH OF STAY (in this place) 2da - 19hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital - 8600 Old Georgetown Rd.,

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 8713 2nd Ave.

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Bowcock Thrift

4. DATE OF DEATH (Month) (Day) (Year) March 17 1950

5. SEX male
6. COLOR OR RACE wh
7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH March 14, 1950
9. AGE last birthday yrs. If under 1 year Months Days 2da If under 24 hrs. Hours Min. 20hrs
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) new born
10b. KIND OF BUSINESS OR INDUSTRY new born
11. BIRTHPLACE (State or foreign country) Bethesda Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME William B. Thrift
14. MOTHER'S MAIDEN NAME Betty Wright
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) new born
16. SOCIAL SECURITY NO. new born
17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Complete Transposition of Great

754.4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Vessels of Heart.

157e (c) Anoxia & Cardiac failure

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 14, 1950, to March 17, 1950, that I last saw the deceased alive on March 17, 1950 and that death occurred at 7:40 P. m., from the causes and on the date stated above. March 17, 1950

SIGNATURE William F. Luchette (Degree or title) Md. ADDRESS 5800 Penn Rd N.W. DATE SIGNED 3-18-50

23. BURIAL, CREMATION REMOVAL (Specify) Cremation
DATE THEREOF 3-18-50
NAME OF CEMETERY OR CREMATORY Suburban Hospital
LOCATION (City, town, or county) (State) Bethesda, Md.

DATE REC'D BY LOCAL REG. 3-22-50
REGISTRAR'S SIGNATURE Helen Kurvack
24. ~~FUNERAL DIRECTOR~~ Amelia G. Manry Supt. ADDRESS

2-0-3-14-0-23-2-38-5

RECEIVED
MAR 24 1950
U.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03100

# CERTIFICATE OF DEATH

Reg. Dist. No. 223-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 807 Garland Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park; STREET ADDRESS (If rural, give location) 807 Garland Ave.

3. NAME OF DECEASED (Type or Print): (First) REMBERT (Middle) PIERCE (Last) TRAVIS

4. DATE OF DEATH: (Month) March (Day) 28 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan. 24, 1890

9. AGE last birthday: 60 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Personnel Director

10b. KIND OF BUSINESS OR INDUSTRY: Southern R.R.

11. BIRTHPLACE (State or foreign country): Fayetteville, Ga

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: William H. Travis

14. MOTHER'S MAIDEN NAME: Alice Henderson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY No.: 718-10-5328

17. INFORMANT AND ADDRESS: Alma H. Travis, Takoma Park, Md. 807 Garland Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X — Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 4 days

830 — Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause statiog the underlying cause last (b) arterial Hypertension — 6 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Cooditions cootributing to the death but oot related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept., 1944, to Mar. 28, 1950, that I last saw the deceased alive on Mar. 27, 1950, and that death occurred at 8:30a m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Hill Carter, M.D. 1835 Eye St N W Wash DC 3-28-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: Mar. 29, 1950

NAME OF CEMETERY OR CREMATORY: West View

LOCATION (City, town, or county) (State): Atlanta, Ga.

DATE REC'D BY LOCAL REG.: 3/28/50.

REGISTRAR'S SIGNATURE: J. Allan Dodd

24. FUNERAL DIRECTOR: The S. H. Hines Co. Washington, D.C. 2901-14th St. N.W.

V52-47

RECEIVED
MAR 30 1950
BUREAU Y. S.

03101

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Linden
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Linden
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Steven (Middle) Jerome (Last) Turner
4. DATE OF DEATH (Month) Mar (Day) , (Year) 1950

5. SEX male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH June 14, 1944
9. AGE last birthday 5 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none
10b. KIND OF BUSINESS OR INDUSTRY none
11. BIRTHPLACE (State or foreign country) Washington, DC
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Harry Turner Jr
14. MOTHER'S MAIDEN NAME Louise Powell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT Harry Turner Jr (Father)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

490X Immediate cause (a) Lobar pneumonia (left) — INTERVAL BETWEEN ONSET AND DEATH unknown

108 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) left pleurisy with effusion — no attending physician

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Frank J. Brockhart M.D. ADDRESS Gaithersburg Md DATE SIGNED 3-1-50

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF 3/3/50 NAME OF CEMETERY OR CREMATORY St. Marks LOCATION (City, town, or county) (State) Boyds, Md.

DATE REC'D BY LOCAL REG. 3/3/50 REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR Robert L. Snowden, ADDRESS Rockville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAR 7 1950
BUREAU OF S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

03102

Reg. Dist. No. 215

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Bethesda, Rural
LENGTH OF STAY (in this place): 16mo 12 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Silver Spring
STREET ADDRESS (If rural, give location): 1300 Dale Drive

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) William (Last) VOELKER

4. DATE OF DEATH (Month) (Day) (Year): March, 28, 1950 19

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 5-25-98
9. AGE last birthday: 51 yrs. — If under 1 year: Months 10, Days 03 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dentist
10b. KIND OF BUSINESS OR INDUSTRY: Own practice
11. BIRTHPLACE (State or foreign country): Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Louis Voelker
14. MOTHER'S MAIDEN NAME: Lucy Crabtree

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If year, give war or dates of service): WWI
16. SOCIAL SECURITY No.:
17. INFORMANT AND ADDRESS: Wife: Lola Mae Voelker, as item #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X Immediate cause (a) Hemorrhage, Cerebral — 15 days.

Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Bronchopneumonia — 3 days

(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive Cardiovascular Disease — 2+ yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes XXX No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 16, Nov, 1948, to 28, March, 1950, that I last saw the deceased alive on 28, March, 1950, and that death occurred at 1235A m., from the causes and on the date stated above.

SIGNATURE: Wade H. Boswell (Degree or title) — ADDRESS: W.H. BOSWELL, LT, MC, USN, U.S. Naval Hospital, Bethesda, Md — DATE SIGNED: 3/29/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 3-31-50 — NAME OF CEMETERY OR CREMATORY: Congressional — LOCATION (City, town, or county) (State): Washington, DC

DATE REC'D BY LOCAL REG.: 3/29/50 — REGISTRAR'S SIGNATURE: Elizabeth Willett — 24. FUNERAL DIRECTOR: Deal Funeral Home, 4812 Georgia Ave Washington, D.C. — ADDRESS

V19.92 R.H.N.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 30 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03103

# CERTIFICATE OF DEATH

Reg. Dist. No. 218

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH · COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Gaithersburg Rt 9 — LENGTH OF STAY (in this place): 84 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Emory Grove — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Gaithersburg Rt 9
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) AMANDA (Middle) C (Last) WATERS

4. DATE OF DEATH: (Month) March (Day) 16 (Year) 1950

5. SEX: Femal

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: May 8-1865

9. AGE last birthday: 84 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Luther Watts

14. MOTHER'S MAIDEN NAME: Maggie Brown Watts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): (If year, give war or dates of service): —

16. SOCIAL SECURITY NO.: non

17. INFORMANT: Mable Waters

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Myocarditis — 12 hr

481X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 331b (b) Influenza — 5 days

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 10, 1950, to Mar 16, 1950, that I last saw the deceased alive on Mar 15, 1950, and that death occurred at 6:20 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Frank J. Broschart M.D. | Gaithersburg md | 3-16-50

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)

Burial | Mar 19-1950 | Emory Grove Cem | Montgomery Md

DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS

Mar 18/50 | Elsie A Cottle | Roy W Darby | Gaithersburg Md

MAR 21 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03104

# CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
LENGTH OF STAY (in this place): 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: District of Columbia — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 150 Seaton Place, NW, Apt 3

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Henry (Last) WILSON

4. DATE OF DEATH: (Month) 13, March, (Day) 1950 (Year) 19

5. SEX: Male

6. COLOR OR RACE: Negroid

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 11-26-93

9. AGE last birthday: 56 yrs. If under 1 year: Months 03 Days 17 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Govt

11. BIRTHPLACE (State or foreign country): Anne Arundel Cnty, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Wilson

14. MOTHER'S MAIDEN NAME: Isabell Owens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): WW1

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Wife: Mary P. Wilson, same as item #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Congestive Heart Failure | Several hrs. |
| 443X Antecedent cause(s) | | |
| 93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Hypertensive Cardiovascular Disease #4930 | Prob. several years. |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
—

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes XXX No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10, March, 1950, to 13, March, 1950, that I last saw the deceased alive on 13, March 1950, and that death occurred at 1:35 A m., from the causes and on the date stated above.

SIGNATURE C.F. Park (Degree or title) ADDRESS: C.F PARK, CDR, MC, USN, U.S. Naval Hospital, Bethesda, Maryland DATE SIGNED: 3-16-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 3-16-50 — NAME OF CEMETERY OR CREMATORY: Arlington National — LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG.: 3-16-50 — REGISTRAR'S SIGNATURE: Elizabeth Willett

24. FUNERAL DIRECTOR: W.E. Jarvis — ADDRESS: 1432 U Street, NW, Washington, DC

L H 98897

RECEIVED
MAR 20 1950
BY DEPT

03105

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 215

| | |
|---|---|
| 1. PLACE OF DEATH- COUNTY: Montgomery MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED- STATE: District of Columbia COUNTY |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural — LENGTH OF STAY (in this place): 2 days | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S.Naval Hospital | STREET ADDRESS (If rural, give location): 1300 "C" Street.SE |

| | | | | |
|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) | (First) William | (Middle) Henry | (Last) WILSON | 4. DATE OF DEATH (Month) (Day) (Year) March, 15, 1950 19 |
| 5. SEX: Male | 6. COLOR OR RACE: Negroid | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed | 8. DATE OF BIRTH: 2-12-79 | 9. AGE last birthday: 71 yrs. If under 1 year: Months 01, Days 03; If under 24 hrs.: Hours, Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Baggae Porter | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Petersburg, Virginia | 12. CITIZEN OF WHAT COUNTRY? US | |
| 13. FATHER'S NAME: Robert Gordan Wilson | | 14. MOTHER'S MAIDEN NAME: Susan Bolling | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): SA | 16. SOCIAL SECURITY No. | 17. INFORMANT AND ADDRESS: Son:Clarence Wilson, same as item 2 | | |

18. MEDICAL CERTIFICATION

| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Tuberculosis, pulmonary, active, far advanced | 5 mo. |
| 002 Antecedent cause(s) | | |
| 13 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) | |
| | (c) | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | malnutrition | 3 mo. |

| | | |
|---|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No XXX |
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) | |
| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from 13, March 1950, to 15, March 1950, that I last saw the deceased alive on 15, March 1950, and that death occurred at 925P m., from the causes and on the date stated above.

SIGNATURE F.J. Linehan Jr. (Degree or title) ADDRESS DATE SIGNED

F.J. LINEHAN Jr. LTJG, MC, USN, Naval Hospital, Bethesda, Md 3-17-50

| | | | |
|---|---|---|---|
| 23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE | NAME OF CEMETERY OR CREMATORY: Arlington National | LOCATION (City, town, or county) (State): Arlington, Virginia |
| DATE REC'D BY LOCAL REG. 3-17-50 | REGISTRAR'S SIGNATURE Elizabeth Willett | 24. FUNERAL DIRECTOR: W.E. Jarvis, 1432 U Street, NW, Washington, DC | ADDRESS |

J.W.H. 750-50

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 21 1950
BUREAU T. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03106

# CERTIFICATE OF DEATH

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

**1. PLACE OF DEATH**
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 815 Forest Glen Road

**2. USUAL RESIDENCE (HOME) OF DECEASED**
STATE: Silver Spring — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
STREET ADDRESS (If rural, give location): 815 Forest Glen Road

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| WILLIAM | HENRY | WINN | MARCH | 8 | 1950 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Male | White | Married | April 20, 1901 | 48 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Photographer | Portrait Studio | Beloit, Wisconsin | |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| O. F. Winn | Mabel Dobeck |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS |
|---|---|---|
| no | 578-05-9819 | Wife: Mrs. Lestia A. Winn, 815 Forest Glen Road Silver Spring, Md. |

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| **Immediate cause** | (a) AC. CONGESTIVE HEART FAILURE | UNKN. |
| **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) MYOCARDIAL DEGENERATION ON HYPER-TENSIVE AND ARTERIOSCLEROTIC BASIS | 1 YR.+ |
| | (c) AC. ALCONOLISM. | UNKN. |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☐ No ☒ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| m. | | |

22. I hereby certify that I attended the deceased from Oct., 1949, to Mar. 8, 1950, that I last saw the deceased alive on Mar. 9, 1950, and that death occurred at 7:20 P.m., from the causes and on the date stated above.

| SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|
| L. Marshall Lewellin Jr., M.D. | 8648 Georgia Ave. Silver Spring, Maryland | Mar. 9, 1950 |

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | March 11, 1950 | Ft. Lincoln Cemetery | Prince George County, Md. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| Mar 10 '50 | Frances Potter | Warner E. Pumphrey, Inc. | Silver Spring, Md. |

V6629

RECEIVED
MAR 14 1950
BUREAU V. A.

03107

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

**1. PLACE OF DEATH**
COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
LENGTH OF STAY (In this place): DOA
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

**2. USUAL RESIDENCE (HOME) OF DECEASED**
STATE: District of Columbia — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington, DC
STREET ADDRESS (If rural, give location): 604 Keifer Place, NW

**3. NAME OF DECEASED (Type or Print)**: (First) John (Middle) Clarence (Last) WINSTON

**4. DATE OF DEATH**: (Month) March, (Day) 13, (Year) 1950

**5. SEX**: Male

**6. COLOR OR RACE**: Negroid

**7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)**: married

**8. DATE OF BIRTH**: 5-27-76

**9. AGE last birthday**: 73 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

**10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)**: School teacher

**10b. KIND OF BUSINESS OR INDUSTRY**:

**11. BIRTHPLACE (State or foreign country)**: Kansas

**12. CITIZEN OF WHAT COUNTRY?**: US

**13. FATHER'S NAME**: John Winston

**14. MOTHER'S MAIDEN NAME**: Unknown

**15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)**: Yes — (If yes, give war or dates of service): WWI

**16. SOCIAL SECURITY NO.**:

**17. INFORMANT**: Wife: Amy Winston, same as item #2

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Coronary occlusion | 1 hr. |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) | |
| | (c) | |

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94a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| Frank J. Brockhaus | M.D. | Gaithersburg Md | 3-14-50 |

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 3/16/50 | Arlington National | Arlington, Virginia |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 3/14/50 | Elizabeth Willett | W.E. Jarvis | 1432 U Street, NW, Washington, DC |

B.M.F. V3491

RECEIVED
MAR 16 1950
BUREAU V. S.

No. 3815

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

03108

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda (Rural) | LENGTH OF STAY (in this place) 4 das.
HOSPITAL OR INSTITUTION OR STREET ADDRESS USNH, Bethesda, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE New York — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ossining
STREET ADDRESS (If rural, give location) 60 Dale Ave.,

3. NAME OF DECEASED (Type or Print): (First) Andrew (Middle) (n) (Last) YOUNG

4. DATE OF DEATH: (Month) March (Day) 17 (Year) 50

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 1-18-00

9. AGE last birthday: 50 yrs. | If under 1 year: Months 2 | Days 5 | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Steam Fitter

10b. KIND OF BUSINESS OR INDUSTRY: - - - -

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: George W. Young

14. MOTHER'S MAIDEN NAME: Susie Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes | (If year, give war or dates of service) WW II

16. SOCIAL SECURITY NO.: - - - -

17. INFORMANT AND ADDRESS: Bro: Wm. Young (Same as Line # 2)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cachexia

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Carcinoma of Tail of Pancreas with metastasis

(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes X No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 13 1950, to Mar 17, 1950, that I last saw the deceased alive on 17 Mar, 1950, and that death occurred at 3:30 PM m., from the causes and on the date stated above.

SIGNATURE D.J. Doohen (Degree or title) LTJG, MC, USN ADDRESS USNH, Bethesda, Maryland DATE SIGNED 3/20/50

23. BURIAL, CREMATION, REMOVAL (Specify): Removal | DATE 3-18-50 | NAME OF CEMETERY OR CREMATORY Dale Cemetery | LOCATION (City, town, or county) (State) Ossining, New York

DATE REC'D BY LOCAL REG. 3/20/50 | REGISTRAR'S SIGNATURE Elizabeth Willett | NAME OF FUNERAL DIRECTOR W.W. CHAMBERS | ADDRESS 3072 M Street WashDC

R. MARTIN

34809

RECEIVED
MAR 22 1950
BUREAU V. S.

03109

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park — LENGTH OF STAY (in this place): 5 Mos. 10 Days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington San. + Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Springs
STREET ADDRESS (If rural, give location): 8712 Colvesville Rd.

3. NAME OF DECEASED (Type or Print) (First): Catherine (Middle): S. (Last): Young

4. DATE OF DEATH (Month): 3 (Day): 12 (Year): 1950

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: 11-8-1876
9. AGE last birthday: 73 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Trenton N.J.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel Schaeffer
14. MOTHER'S MAIDEN NAME: Bertha Meyers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Chart. Mrs John Thiel 910 Flower Ave Takoma Pk

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Inanition - progressive — ten mos.

Antecedent cause(s) (b) Myeloma - Multiple — ten mos

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

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II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1949, to March 12, 1950, that I last saw the deceased alive on March 12, 1950, and that death occurred at 6:50 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Robert A Hare M.D. — ADDRESS: Takoma Park, Md. — DATE SIGNED: 3/12/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 3/15/50 — NAME OF CEMETERY OR CREMATORY: Mt Carmel Cem. — LOCATION (City, town, or county): Sunshine — (State): Md

DATE REC'D BY LOCAL REG.: 3/12/50 — REGISTRAR'S SIGNATURE: J. Wilson Dodd — 24. FUNERAL DIRECTOR: The S.H. Hines Co — ADDRESS: Wash. D.C.

52086

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

RECEIVED
MAR 15 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03110

# CERTIFICATE OF DEATH

Reg. Dist. No. 218

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montg Co, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney Md,
LENGTH OF STAY (in this place) 4Hr
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montgomery Co General Hosp Olney Md

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg
STREET ADDRESS (If rural, give location) 213 W Frederick Ave,

3. NAME OF DECEASED (Type or Print): (First) Rosa (Middle) White (Last) Young

4. DATE OF DEATH: (Month) 3 (Day) 13 (Year) 50 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: May 10/1855

9. AGE last birthday: 96 yrs. If under 1 year: Months 10 Days 5 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: "

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: John Linthicum

14. MOTHER'S MAIDEN NAME: Rachel Dare

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO. "

17. INFORMANT AND ADDRESS: Robert L. Young. Gaithersburg Md,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

500X Immediate cause (a) Bronchitis, mild, acute — Interval between onset and death: 4 days

106a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Senility

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 10, 1950, to Mar. 13, 1950, that I last saw the deceased alive on Mar. 13, 1950, and that death occurred at 1:50 p. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Jack Schumacher M. D. Gaithersburg, Md. Mar. 14, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE 3/15/50

NAME OF CEMETERY OR CREMATORY Forest Oak,

LOCATION (City, town, or county) (State) Gaithersburg. Md,

DATE REC'D BY LOCAL REG. Mar. 14, 1950

REGISTRAR'S SIGNATURE Rhoda L. Cooke

24. FUNERAL DIRECTOR ADDRESS Ernest C. Gartner. Gaithersburg. Md

RECEIVED
MAR 16 1950
BUREAU V. S.